

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XXIII. No. 10
WHOLE NUMBER 266

GRAND RAPIDS, MICH., OCTOBER, 1924

YEARLY SUBSCRIPTION
\$5.00; SINGLE COPY, 50c

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Office of Publication,
Powers Theatre Building,
Grand Rapids, Mich.

Entered as second-class matter March 12, 1913, at Grand Rapids, Mich., under the Act of March 3, 1879. Acceptance for special rate of postage made under Article 1103, October 3, 1917 and authorized August 7, 1918.



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Original Articles

PRESIDENT'S ANNUAL ADDRESS— TWENTY-FIFTH ANNIVERSARY OF THE MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE

GUY L. CONNOR, A. B., M. D., F. A. C. P.
DETROIT, MICH.

In 1905, Doctor Beverly D. Harison delivered his Presidential Address on "Medical Education in Michigan from the Standpoint of the Michigan State Board of Registration in Medicine." Since that time no address involving this subject has been presented to this society. Many amendments and subsequent changes have taken place in the past twenty years. Therefore, I thought this subject might be of more or less interest to you all.

Prior to 1883, Michigan had no regulation or law governing medical men. Any one could practice medicine in all of its branches if he or she so cared to.

In 1883, the Howel Act was passed under the title of "An Act to Promote Public Health." It registered all persons who had been practicing medicine, whether they were medical graduates or not. It also provided for registration with county clerks for persons who had graduated from "legally authorized" medical colleges, by making an affidavit covering their qualifications, with the county clerk. The county clerk had no authority to review or question registrations thus made.

In 1899, the Chandler Act was passed. It created a state medical board; it required a re-registration of those practitioners who were legally registered with county clerks under the 1883 Act; it rejected some 3,000 fake or correspondence graduates of disreputable medical colleges; it created an accredited medical college list; it provided for an examination for those persons who were not graduates of such accredited medical colleges; and it established a reciprocal relation with Wisconsin and Indiana under the Michigan plan (1902).

In 1903, the Nottingham amendment was passed. This amendment gave the Michigan State Board of Registration in Medicine control of entrance requirements to medical colleges, with a minimum standard of a diploma from a recognized high school (having a classical course) or equivalent credential, or in lieu of such credential a certificate, obtained after a written examination, from a board of preliminary examiners, established under the authority and direction of the Michigan State Board of Registration in Medicine (standard of 15 units). This amendment also provided for board examinations for all applicants. These applicants had to qualify for such examinations as graduates of accredited medical colleges, listed by the board. This amendment also further provided a discipline clause for the cancellation of licenses of medical men who advertised immorally.

The 1907 amendments extended the discipline clause. Under the former acts, licentiates charged with unprofessional conduct and other offenses, appeared before the board and the evidence involving the charge was heard by the board and the penalty, if any, was administered, in case of conviction. The 1907 amendments created an entirely new procedure. A licentiate charged with violation of this clause, which created a criminal misdemeanor, was arrested and tried under the criminal laws of Michigan. If found guilty, was fined or imprisoned. Upon final conviction, the licentiate was notified to appear before the board to show cause why his license should not be suspended or cancelled.

The 1911 amendments ("An Act to Prohibit Certain Classes of Immoral Advertising and Providing Punishment for Violation Thereof") created a separate act covering immoral advertising, including venereal and sexual diseases or other objectionable matter. It made it illegal for newspapers and people (including physicians) to advertise contrary to this act, either by circulars, cards, or by any other method.

The 1913 amendments gave the board authority to establish standards of both preliminary and medical education and author-

ity to recognize or non-recognize not only medical schools, but also secondary schools and all institutions directly or indirectly connected with the education of physicians. It provided for the examination of cult practitioners of medicine, provided they could qualify with a standard high school diploma or its equivalent and required them to pass the board examinations in the fundamental subjects connected with diagnosis and management of ailments and diseases. It does not permit the cult practitioners to use drugs or to practice surgery or midwifery. It created the definition of the legal term of the practice of medicine, which is broad enough to include all possible forms of diagnosis and treatment, whether they be physical or mental. The definition of the legal term of the practice of medicine is as follows: "In this act, unless otherwise provided, the term practice of medicine shall mean the actual diagnosing, curing, or relieving in any degree or professing or attempting to diagnose, treat, cure, or relieve any human disease, ailment, defect or complaint, whether of physical or mental origin, by attendance or by advice or by prescribing or furnishing any drug, medicine, appliance, manipulation, or method, or by any therapeutic agent whatsoever."

Beginning January 1, 1922, the Michigan State Board of Registration in Medicine required the fifth or hospital intern year. The hospital year has to be taken in a standardized hospital giving a rotary service, with four months in medicine, four months in surgery, two months in obstetrics, and two months in the laboratory. Whether this is the correct division of time or not, the next few years will tell. However, a physician trained along these lines, should and undoubtedly will, make a thoroughly competent general practitioner. I feel that, if he cares to become a specialist, he should do general practice for at least five years (preferably ten years) and then take his special course along lines he has found congenial to himself.

Until January 1, 1926, the Michigan State Board of Registration in Medicine allows all who have successfully completed their four year medical course, to take the board's written examination at that time. Their licenses, however, are held up until the applicants have completed satisfactorily to the board their hospital interne year.

Beginning January 1, 1926, the Michigan State Board of Registration in Medicine will require all applicants for license not only to have taken their written examination, but also to pass a practical clinical examination as well. This examination is to be taken after the completion of their interne

year. The following results are obtained by these methods:

(1) The board will be in a position to know whether a hospital is giving its internes the proper kind of service or not.

(2) The board will know whether the interne is well grounded in his work and thus render the public a higher and more uniform grade of service.

(3) Reciprocal relations with other states will be greatly improved. A Michigan license holder will have no difficulty in locating in reciprocating states as he sometimes does at the present time.

(4) It will make the Michigan license one of the most highly prized of all state licenses.

At the present time eleven out of 82 medical schools in this country have adopted the requirement of a fifth or hospital interne year, to be spent by the student as an interne in an approved hospital or in some other clinical work before they grant the student the degree of Doctor of Medicine. This was done because these schools recognized the need of practice as well as theory in medicine. They believed that it was for the best interests of their students to control this year and to make the faculty of the medical school responsible for the same. A supervisor from the medical faculty was assigned for the fifth year, who reports both upon the work done by the student and the facilities provided by the hospital. If both are satisfactory, the degree of Doctor of Medicine is granted at the end of the year.

The eleven schools who require the interne year are as follows:

University of Minnesota Medical School, (1900).
Stanford University Medical School, (1914).
Rush Medical School, (1914).
University of California Medical School, (1914).
Marquette University School of Medicine, (1915).
Northwestern University Medical School, (1915).
University of Illinois College of Medicine, (1917).
Loyola University School of Medicine, (1917).
Detroit College of Medicine and Surgery, (1919).
College of Medical Evangelists, (1922).
University of Nebraska College of Medicine, (1923).

Ten state licensing boards now require the hospital interne year:—

Pennsylvania, (1914).
New Jersey, (1916).
Alaska, (1917).
Rhode Island, (1917).
North Dakota, (1918).
Washington, (1919).
Illinois, (1922).
Michigan, (1922).
Iowa, (1923).
Texas, (1924).

The necessary essentials in a hospital, approved for interne service, are as follows:—

(1) There shall be an organized staff, willing and able to assume the obligations of teach-

ing internes by personal instruction and by monthly conferences.

(2) The hospital must have a pathological department, suitable laboratories, X-ray equipment and roentgenological, library and proper quarters for internes.

(3) Real records of cases must be systematically taken and properly filed, under the care of a record clerk.

(4) The work of the internes must be regulated so that they will systematically take up history taking, clinical laboratory work, X-ray, anesthesia, maternity cases, necropsies, responsibility for the diagnosis and care of patients, surgical dressings and operations.

(5) The service should be rotary in character. In a general way, four months should be spent in medicine, four months in surgery, two months in obstetrics and two months in the laboratory.

It is true that many hospitals may properly fulfill their duties to the community and at the same time be unsuited for teaching purposes. The hospital may be too small, it may care for only one special class of patients, its staff organization may be unsuited for teaching, and it may lack certain departments and laboratories, to provide which might be to install unnecessary equipment at a prohibited expense. Such institutions should employ a paid medical resident rather than try to qualify as a hospital for interne training.

RESUME

(1) The Board is composed of ten members, with adequate representation from the several schools of medicine (not systems of treatment). Seven members are required to form a quorum or transact business. This has prevented hasty and ill-advised board action.

(2) The authority of the Board without further legislative action to set minimum standards in detail of preliminary and medical education, makes it possible for the Board to meet national and state educational standards as they arise and to efficiently administer the same.

(3) The Board has the authority to designate for recognition secondary schools, literary and scientific colleges and medical colleges or other institutions involved in medical education.

(4) The Board has the authority to control the methods of examination for license and to omit or add certain subjects for examination and to lower equitably the normal required percentage (75%) of correct answers in cases where the applicant has been in reputable practice for five years or over.

(5) The Board has the authority also to use its best judgment under the indorsement or so-called reciprocity section of the Michigan Medical Act.

(6) The drugless practitioner's clause is practical and sufficient.

(7) The discipline clause of the act is superior to like clauses in other state acts from the fact that a better and more constitutional method is provided. Delays of trial and errors of judgment, necessitating appeal, are avoided. Also all methods of immoral advertising are prohibited, and the division or splitting of fees is made a cause for cancellation of licenses.

(8) The Michigan Medical Act has been held constitutional by the Michigan Supreme Court and by the Supreme Court of the United States.

(9) The Legal definition of the practice of medicine is broader than any other definition passed by any one of the legislators of the several states.

THE HOSPITAL AND THE INTERNE*

GEO. L. LE FEVRE, M. D., F. A. C. S.

President Michigan State Board of Registration in Medicine.

MUSKEGON, MICH.

The interne question seems to have bothered many of the hospitals during the past few years, and I have been asked to read a short paper explaining the attitude of the Board of Registration in Medicine towards the subject. In 1918, the Board passed a ruling to take effect in 1922 that all physicians requesting a license must first serve a year's internship in a recognized hospital. That means a hospital composed of efficient departments treating cases in all the branches of medicine. The resolution also stipulated a rotary internship of which I will speak later. Since 1918 many inquiries have come to the Board concerning the method of becoming recognized, in order to obtain internes.

Let us first briefly consider what a medical student receives during his four years in the Medical School. It is at its best a conglomeration of information. I say this not as a criticism of the Medical School. It cannot be different. During his first and second years he is introduced to the elementary sciences. These are extremely important, but his mind has not been trained to medical thinking, and so most of the information gathered at this time remains with him but a short time. When he reaches the third and fourth year he is carried quickly through all the branches of clinical medicine. An attempt is made to acquaint him with nearly every known disease. It is obviously impossible to do this thoroughly, so that upon graduation, he has a feeling of having been flooded with a multitude of information, most

*Delivered at General Session, 104th Annual Meeting, Michigan State Medical Society, Sept. 10th, 1924, Mt. Clemens, Mich.

of which he cannot hold. He tries to choose from this certain parts which he considers important, but, being all too new at the game, is really not competent to choose. So he passes out of the Medical School with very little training to enable him to think along lines of clear clinical reasoning. It would be well at this point, if time and money were available, to send him again over the four years of medicine. He would then be able to gather from the pre-clinical subjects a vast amount of well organized information, and to arrange logically his knowledge of the clinical subjects.

This organization and arrangement of knowledge in the past has been denied many medical students, because they have not interned. Since it is obviously impossible to expect our students to repeat their course, we have insisted that they do the next best thing, take one more year in a good hospital. During this last or post-graduate year, he comes in contact with the actual practice of medicine. He sees a rather large number of patients being treated by different physicians and is able to organize his knowledge by actual use, a thing that would require several years in practice alone.

The average young practitioner sees only a few cases his first year and this number is gradually increased as the years go on. Most of his first cases are "transient"—they are persons who go from one doctor to another, never staying with one long enough for him to get an accurate knowledge of their case, so that at the end of three or four years, the young physician has had very little useful experience.

We all understand that in the practice of medicine, it is experience that counts, because of the variable forms of disease. During an internship of one year, a student is in actual contact with about 1,500 cases and sees from three to four times that number being treated by other internes. It would take him from 5 to 10 years to see that number of cases in practice, so the internship gives him the experience that he can get in no other way. Of course it is obviously impossible, no matter how large the hospital, for an interne to see every known disease, but he sees the more frequent ones many times, and thus becomes acquainted with a goodly number of the ailments he will meet his first years in practice.

Another very important benefit derived from a year in a hospital is knowledge of how to handle patients, how to gain their confidence and how to please them. All internes do not take advantage of this; many of them acquire the habit thinking of "No. 215" or the "Case in Ward B," and lose sight of the human side of medicine. It is unfortunate that this exists and we should encourage our hospital superintendents to fight against these tendencies. After

all there is no treatment quite as beneficial for a patient as a human interest in his ailment.

In these days of hospital standardization, we are all continually reminded of the importance of records. The men coming into the profession will not keep records unless they are taught, and one of the most important duties of an interne is the record keeping. This is as it should be because if they do not write records, as internes, they will not as practitioners.

While the student is in school he is told of a multitude of laboratory tests and procedures, many of them interesting, many of them useful, and many of them unpractical. He cannot decide which are useful except by use, and it is during his internship that he acquires the habit of asking for laboratory test only when they are needed. One reason for this is because he makes most of them himself. The natural tendency to be lazy which is present in all of us, quickly eliminates the useless ones. He learns the value of good laboratory work and learns to differentiate between good and bad laboratory reports.

Let us now attempt to outline an ideal internship. It should be one that gives the student experience in all the clinical branches, medicine, surgery, obstetrics, laboratory and the specialties. This experience should include the actual charge of patients in each of the branches. These can either be non-pay cases of private physicians which are turned over to the interne or they can be charity cases accepted by the hospital for that purpose. He should keep up the records, history, physical progress notes and treatment sheets on all cases and be familiar with all cases, private and ward, on his service. Such a service cannot be given without co-operation by the attending physicians. They must be ready to give some of their time to instruction and discussion of the cases. They must remember that all the knowledge necessary to good work is not in the books and it is this information that must come from them. Many hospitals have adopted the plan of monthly staff meetings. At these meetings the deaths and interesting cases are discussed and their treatment explained. In this way the interne and staffmen are benefited by the knowledge of all.

It might be well at this time to outline briefly what is expected of the hospitals as regards the service offered internes. This has been stated in a communication from the Board of Registration in Medicine to the hospitals relating to the standardization of hospitals.

First I want to emphasize the point that the service given the interne is secondary to the treatment given the patient. The interests of the patients are always first. It is for this

reason that the work of the interne should be carefully supervised by the chiefs.

It has been considered necessary to require the internes to serve on a rotary basis. This means that the work is to be divided into the four basic branches, Medicine, Surgery, Obstetrics, and Laboratory. It is obviously impossible when there is only one interne to expect him to confine his activities to one department at a time, but the educational side can be so divided. The year should be divided into four periods of three months each and during each period he is under the tutorship of one of the chiefs so that during the year he receives instruction in all the branches from men who have made these branches their specialty. It is in this way that he is best fitted for general practice. It is not the duty of the board to license young men to specialize. A specialist can not succeed without the necessary general training. The wording of the license granted in Michigan implies that the recipient is qualified to practice all branches of medicine, and we are going to see that they are capable of doing just that.

It has been said that the physicians intending to practice in outlying communities do not need the training in laboratory work. This is not true. They need it greatly, because they will be expected to do all their work themselves and it is truer now than ever before that laboratory work is important. The city practitioner on the other hand should be trained in the laboratory in order to differentiate between good and bad laboratory reports.

It is obvious that in this plan of training the staff physicians must be willing to devote a part of their time to the instruction of the internes. They must expect to do this for the hospital and the better they do it, the better will be the internes that are attracted by their hospital.

POINTS OF INTEREST RELATIVE TO THE EDUCATION AND LIVES OF THE HARD OF HEARING*

W. G. BIRD, M. D.,
FLINT, MICHIGAN

In choosing this subject I have in mind the small amount of information one finds along this line in our medical literature; and knowing that the members of our section are always charitable, I hope to be able to stimulate some of you to more active interest in these unfortunates.

When I speak of hard of hearing I do not include the congenitally or totally deaf, but those whose deafness has developed after they

have learned to speak; whether it be early in life, middle age or later, whose education has been interrupted or whose vocation in life must be abandoned, because they can no longer hear the human voice under ordinary conditions.

In the year 1903 the first school for teaching of lip reading was established in New York by Edward B. Nitchie, an honor graduate of Amhurst, who had been studying the art for his own benefit. Many were attracted to the normal department of Mr. Nitchie's school, who, after graduation, established schools of their own in Chicago, Washington, Boston, Los Angeles, San Francisco and other cities, until at the present time nearly every large city in the United States has a private school for this work.

In the autumn of 1913 the Volta Review printed an article by Dr. Harold Hays of New York, in which he advocated social work for the adult deafened. On November 12, 1913, Dr. Hays was elected to membership and in six months he became the first president of the re-organized New York League for the Hard of Hearing, dedicated by him and his associates to every possible form of service to the deafened, known or yet to be discovered without limitation of race, religion, sex or age.

In May, 1914, Dr. Wendell C. Phillips, also of New York, was enlisted by a member of the league, who was a patient of his. As Vice-President of the league, and later as founder of the American Federation of Organizations for the Hard of Hearing, Dr. Phillips has directed his efforts towards interesting the otologists of the United States, until today, many of them are giving the movement their approval and in many instances their hearty support and co-operation. Doctors Phillips and Hays are now part of a standing committee appointed by the American Medical Association to look after the interests of the deaf and deafened through that society.

Teachers are hard to find, in fact, they are at a premium, so to speak. As it takes from four to six months to learn the art of lip reading, why would it not be a capital idea to establish in our State Universities a special department for normal training of these teachers?

Flint was the fourth city in the United States to open a special department in its primary grades for the study of lip reading. I can best tell you what has been done there by reading part of an article by Miss Pauline Smith, in charge of the work. This paper was read before the Society of Progressive Oral Advocates, in convention at Frankfort, Michigan, July 20, 1924, and published by Dr. Goldstein's new quarterly journal, *Oralism and Auralism* for July, 1924.

"Flint took her place among the enlightened when she became the fourth city to establish lip-reading classes for the hard of hearing child in the elementary

*Chairman's address, Section Ophthalmology and Otolaryngology, Michigan State Medical Society, Annual Meeting, Mount Clemens, Sept., 1924.

schools last year. She owes the organization of this work to the untiring efforts of Mr. Walter O. Smith, in behalf of the children, to the hearty co-operation of Dr. E. E. Lewis, Superintendent of Schools, and the open-minded and progressive men of the school board. Every department worked to start the classes toward success.

"On Monday, December 3, 1923, I was told to report for duty and on that date came into existence the classes in lip-reading. A survey, by the teachers in the twenty-two elementary buildings, with an enrollment of twenty thousand pupils, had already been made to ascertain the number of cases in need of speech correction as well as those in need of lip-reading. The total number of cases reported to Dr. Lewis was eighty-one, but he did not feel that the distinction between the hearing and speech cases had been quite clearly made. So the first step was to resurvey these lists. Miss Sheldon, Supervisor of Special Education, showed keenest interest in this work and a thorough understanding of the difficulties an utter stranger in Flint would encounter in checking up the work. She stayed with me for the first week and we visited all the cases and at this stage of the work we asked the co-operation of the Department of Hygiene. They responded to our appeal with much enthusiasm. Every child thought to have defective hearing was given a chance for a thorough ear examination at the school clinic. In this way we made a start toward educating the public to the value of care and conservation of hearing in the school child.

"The first class was held Wednesday morning, December 12th. We have now established centers for the classes in eleven schools, the children coming from other schools to the center nearest them. The final enrollment was fifty-nine, comprising pupils from the kindergarten to the eighth grade. This number has remained practically constant throughout the year. Many new pupils have been sent us, but in the shifting population of such a town as Flint there is usually one leaving for every new one added. The children have been classified according to school standing as nearly as possible, each group having two half-hour classes a week. After seven months of classes we are able to point to many cases wonderfully helped through lip-reading. The children testify to the help received and the teachers verify these testimonials.

"As the work is still in the pioneer stage, there naturally will be many changes before the class organization is perfected. Eventually, I believe, the worst cases must have a period for lip-reading every day; and the first and second graders would profit by being segregated. A competent primary teacher who is also capable of teaching lip-reading should be in charge of the latter. When they have been taught the fundamentals of the first two school years and have a good knowledge of lip-reading they should be allowed to continue their work in the atmosphere of the ordinary school room. The problem of material is truly a difficult one. The underlying principle seems to be exactly the same as that of teaching a child to read, or Mr. Nitchie's theory for adults, but so far as I know there is no book which could be placed in the schools as a text book.

"Next year we hope to do much toward educating the general public to the benefits derived from the study of lip-reading. I have already held demonstrations for the parents in a few of the schools, and expect to continue these demonstrations until the parents of every hard of hearing child has had a chance to watch the expression of their child change from that of questioning, strained attention, to that of happy, intelligent understanding. We are also planning to

have a systematic group test of hearing in every school room in the city. Flint has been a pioneer in giving every child a thorough dental examination; we hope to make her one of the pioneers in giving every child a thorough ear examination."

The examination of our school children, as carried on by nurses under the instruction of physicians, while not perfect, is accomplishing wonders. Many little fellows with enlarged and diseased adenoids and tonsils, those who are hard of hearing, and those with discharging ears, are detected and their parents are informed of the serious results that may happen if the child is not given proper medical and surgical attention.

Boards of Education are beginning to establish day schools for the teaching of lip-reading and speech defects. Detroit has a wonderful institution of this kind, with a corps of excellent teachers, under the supervision of Miss Van Adestine, who has a national reputation as a teacher in this line. Dr. Emil Amburg should also receive commendation for the capable work he is doing in this institution, for in his usual painstaking way he is spending valuable time in making physical examination, testing of hearing and classifying different degrees of deafness.

As otologists, naturally we are in a position to advise, encourage and assist those unfortunate patients who, after systematic examination of the hearing mechanism, show damage beyond repair. Our responsibility should not end with the examination, nor should we cast him to depths of despair by simply informing him that his hearing cannot be improved and will probably grow worse. We should spend a little time explaining his condition, put him on his guard against "quacks," turn his thoughts, if possible, toward the future and what can be accomplished without perfect hearing. Explain about lip-reading and inform him of schools and organizations for the hard of hearing, where lip-reading is taught and social intercourse maintained. Encourage the organization of such societies in your city. Subscribe for the *Volta Review* and keep it on your reception room table. This magazine is published monthly by the Volta Bureau, Washington, D. C., and contains much news and information for the deaf and hard of hearing. If in need of any special information, write the Volta Bureau and it will be freely given.

It is of interest that the Volta Bureau for the increase and diffusion of knowledge relative to the deaf, was founded and endowed by Alexander Graham Bell in 1887. The Volta Bureau derives its name from the Volta prize created by Napoleon, which was conferred by the Republic of France on Dr. Bell for his invention of the magneto-electric telephone. Forming a part of the Volta Bureau is a fire-proof reference library that is said to contain

a more nearly complete collection of literature on all phases of deafness than can be found anywhere else in the world.

ENLARGEMENT OF THE THYMUS GLAND WITH REPORT OF CASES

FAITH FRANCES HARDY, A. B., M. D.

GRAND RAPIDS, MICHIGAN

I propose to deal only with the clinical side of the problem, first submitting a series of case histories:

CASE HISTORIES

Case 1—L. McD. admitted to the Blodgett Home for Children January 18, 1919, at three weeks of age. Family and past history was negative. He had been breast fed until time of admission. His progress was good, except that he did not gain rapidly. He died suddenly on March 19, 1919, from no apparent cause. At autopsy the only abnormal finding was an enlarged thymus.

Case 2—G. K. entered Blodgett Home for Children on May 25, 1920, at six weeks of age. His history was negative. He made a normal progress, except that he developed eczema on head, arms and shoulders, but this cleared up upon removal of fat from his food. He died suddenly on July 8, 1921. The only abnormality found upon autopsy was an enlarged thymus.

Case 3—One of twins. Ilene C. admitted to Blodgett Home for Children on June 11, 1921, at one week of age. Her history was negative. She was placed at once in a boarding home in the country. Her progress was satisfactory. She died suddenly without apparent cause on November 16, 1921. At autopsy the only abnormality found was a large thymus gland covering the entire surface of the heart. It weighed 22 grams.

Case 4—Twin of case 3. Irene C. admitted to Blodgett Home for Children June 11, 1921 at one week of age. Condition throughout was good and progress satisfactory, but after the sudden death of her twin, we had an X-ray examination of her superior mediastinum. This showed a slight broadening probably due to an enlarged thymus. Radium was used and the shadow was reduced to normal width.

Case 5—J. McN. came to me on May 10, 1922, for a suspected fractured clavicle. He was a very well developed fat baby who had always been well. When the X-ray of the shoulder was examined a wide thymus shadow was found. This was reduced to normal size by X-ray treatments.

Case 6—Wayne R. admitted to Blodgett Home for Children on August 15, 1922, when five days old. He made poor progress because of pyloric stenosis. December 3, 1922 he was operated upon for the pyloric stenosis. He had a stormy convalescence and vomiting continued. When placed upon a thick cereal feeding he made a rapid gain until January 10, 1923, when he had an acute bronchitis. Two days after that cleared up, he started having attacks in which he became very cyanotic and had a sudden cessation of respiration without apparent cause. These attacks lasted about two and one-half minutes and occurred once or twice daily. There were no convulsions attending these attacks. X-ray showed a large thymus, and he was given one radium application. On the second day following the radium he developed an attack of broncho-pneumonia. He was very toxic and was constantly twitching so that

one could see his bed shake as one looked into the ward. He died on the third day. At autopsy the thymus was found to be small, 5 grs. Microscopically, "the thymus showed atrophy of the lymphadenoid tissue and a fibrinous tissue increase." This case is especially interesting. First, because the symptoms from an enlarged thymus did not manifest themselves until the baby had had a severe respiratory infection. Second, the autopsy findings were interesting because of the atrophy of the lymphadenoid tissue which was found. This must have been caused by the radium given five days previously. Also there is the possibility of the effect of the radium contributing to the fatal outcome. I will discuss that later in the paper.

Case 7—Paul D. admitted to the Blodgett Home for Children on February 3, 1923, at one month of age. His history was negative, but on admission he was having cyanotic attacks every ten minutes. In these attacks he had a blowing respiration and his mouth would draw up. X-ray showed a large thymus. Twenty-four hours after application of radium, these attacks entirely cleared up. He gained weight normally, and his condition has remained good.

Case 8—Robert D. the twin of case 7, entered the Blodgett Home for Children at the same time. He appeared to be in good condition, but because of the enlarged thymus in his brother, we had him X-rayed and found an equally large thymus present, although he had had no symptoms. He received one radium treatment, which reduced the shadow.

Case 9—Glennard C. entered Blodgett Home for Children April 6, 1923, at four months of age. His family history was bad. His maternal grandmother was an alcoholic. His mother's first baby died when one month old in convulsions. Her second child is apparently normal. This baby is illegitimate. Nothing is known of the father. Past history is one of convulsions about once a week since birth. He had a severe convulsion on morning of admission, but did not have another for six days when he had another for no apparent reason. An X-ray at that time showed a very large thymus. Radium was used. On the following day he had two severe convulsions, and during one 24 hours he had 22 convulsions. No Chevetek's nor Trousseau's sign could be elicited. After this week, however, he had no further convulsions for one year, and he developed normally. At the end of the year he had a recurrence of the convulsions following a severe respiratory infection. X-ray of the chest at that time showed the thymus to be still large. Radium was used again, but I have not been able to follow the case since.

Case 10—Ross D., a colored baby, four months old, came to see me in July, 1923. Baby has always been well, and it is a large, well developed baby. Mother says it has always had a respiratory stridor, and has a tendency to throw its head backwards. X-ray revealed a moderately wide mediastinum. Baby received an application of radium which reduced the width of the mediastinum to 4 cm., still a little wide. Symptoms are materially improved, however.

Case 11—Irene P., a well nourished baby seven months old, came to me on August 2, 1923. Her first history was negative except for a cough which has been present since birth. The cough is loose, frequent, but not hard. It had the sound of excess mucus in the trachea. Examination was negative. X-ray showed a wide superior mediastinum. Chest was otherwise negative. She received radium which reduced the width of the mediastinum to normal. The cough ceased.

Case 12—Pauline M. entered Blodgett Home for Children on January 9, 1924, when three weeks old. She had a cleft palate, otherwise negative. The day after admission it was noted that she held her breath often, especially when crying. An X-ray showed an enlarged thymus. Radium was used. The day following she began to run a sub-normal temperature, was cyanotic, and lost weight every day for six days. Her condition looked so bad that her people were notified. On the seventh day she gained weight, her temperature became normal and her condition returned to normal.

Case 13—Lenora S. admitted to Blodgett Home for Children August 5, 1923, when 9 days old. She was a premature baby. She did very well until October, when she began to have some difficulty in breathing, especially when taking her bottle. On November 3rd she choked during a feeding, became cyanosed until it was necessary to use artificial respiration. On November 7 she became cyanosed from no apparent reason. An X-ray of the chest showed a large thymus. Radium was used on November 10. On November 14 she began to have convulsions every two and one-half hours. On day following had 20 periods of convulsive twitchings of the hands and face, and left foot. On third day convulsive twitchings were frequent, but less severe. On the fourth day the baby was apparently all right. She has had no recurrence of the convulsions, and none of the cyanotic attacks.

Case 14—Baby A. came to the Clinic for Infant Feeding when 3 months old because she "rattled" when she breathed. The rattling had been present since birth. X-ray of the chest showed a large thymus for which radium was used. After radium, beginning the day following and for two days the baby lay limp, lifeless, and white. After two days improvement began and there has been no return of the "rattling."

Case 15—Ralph G. was first seen at the Clinic for Infant Feeding when none and one-half months old. He breathed with some difficulty, and was inclined to hold his head back. An X-ray of the chest showed a very large thymus. Radium was used. After this respirations became increasingly difficult and he had a metallic cough. He would become very cyanotic at times and would suddenly stop breathing. He was then taken to Blodgett Hospital. The first few days in the hospital he had several attacks in which he became very cyanotic and respiration stopped. Artificial respiration was used. These attacks gradually cleared up in five days, and he left the hospital breathing quietly and having no cyanosis.

Case 16—Georgia A. came to me when two months old because of failure to gain and a crowing respiration which had been present occasionally since birth. X-ray showed a large thymus. After the use of radium the crowing ceased entirely. No reaction followed the use of the radium.

Case 17—Ethel A., a very fat baby, came to me when one month old, for "rattling" in the chest which had been present since birth. X-ray showed a large thymus. Radium was used but no improvement in symptoms occurred. A second X-ray taken two months after the first one showed no reduction in the width of the shadow. A second application of radium has just been made.

Case 18—Rudd D., a newborn baby, started having cyanotic attacks when one day old. X-ray of chest showed a large thymus. Radium was used and the thymus was reduced to normal. Following this there was a complete cessation of the cyanotic attacks.

DISCUSSION

Two years ago Blackfan and Little of Cincinnati, did some work to determine the frequency of enlarged thymuses in normal infants. They X-rayed sixty infants under one year of age, who had no symptoms referable to the thymus gland. They were infants who had entered the hospital for various reasons, feeding cases, otitis media, etc. In 48 per cent of the cases, they were able to demonstrate an enlarged thymus.

With this work in mind, I have had twenty babies, besides those reported above, under one year of age X-rayed for thymus. This is a comparatively small number of cases, but the results are very interesting and suggestive, although the series is too small to warrant any conclusions. None of these babies were suspected, from clinical symptoms, of having an enlargement of the thymus. Fourteen of these were normal infants. Two were cases of congenital abnormality of the heart. Three were cases of pneumonia, and one was a week old baby that had a stricture of the small intestine. In these twenty cases, we found ten cases of enlarged thymus, (50 per cent). In all of these cases the X-ray examination and the radium treatment was given by Dr. Thomas Menees of Blodgett Memorial Hospital.

It is interesting to note that no thymic shadow was found in the three cases that had some congenital defect, for the two seem to be very closely related. The relationship has been so marked that in Ann Arbor Pediatric Clinic, they have roentgenograms taken of the chests of all cases showing any congenital defect, and have them examined carefully for thymic shadows.

Blackfan and Little based their belief that the shadow found in the X-ray examination of these infants was due to an enlargement of the thymus, because, (1) the shadow disappeared after exposure to the roentgen ray; (2) it could not be distinguished from the shadow which at autopsy was proven to be cast by the thymus. (3) It was identical with that found in patients with clinical evidence of an enlargement of the thymus.

The criteria of Blackfan and Little held good in these cases. Nine of the cases which showed enlargement of the thymus have been treated with radium with a reduction in the shadow. One case had two treatments with X-ray, but did not return to be checked up.

Greenthal, formerly of Ann Arbor, reported a series of 2,000 cases in children from a few weeks old to twelve years of age in whom a clinical evidence of enlarged thymus was made in 90 cases, (4.5 per cent). In 351 cases of this series an X-ray of the chest was taken and 25.6 per cent of these were found to have an enlarged thymus. The percentage here is much

smaller than in Blackfan and Little's series, because the majority of these cases were over six months of age and many were as old as twelve years.

Liss has shown, too, that the percentage of cases with enlarged thymuses become less as the child grows. For example, he found 42 per cent of 119 newborns to have an enlargement of the thymus, sufficiently large to be considered pathologic and yet without gross symptoms. He re-examined these cases every month for the first year of life. As the work progressed, retrogression of the shadow took place, the greatest change within the first months of life, a steady change as the year went by, so that spontaneous disappearance of the shadow took place in the majority of the cases. Some, however, persisted until the second year.

There has been a great difference of opinion as to what constitutes an enlarged thymus. Liss considered thymic shadows measuring 3 cm. or more transversely as pathologic. It seems to me that it is unfair to apply an arbitrary measurement as the criterion. It would be more exact, I think, to take a comparative measurement, as the relation existing between the width of the chest wall and the thymic shadow, or between the width of the vertebral body and the thymic shadow.

Absence of a large shadow does not in all cases eliminate the presence of a large thymus, for the X-ray plate gives no idea of the antero-posterior diameter of the thymus. Also the thymus is never fixed, since its position will vary with inspiration and expiration and to some extent with systole and diastole of the heart. When the heart is in diastole or flattened out and the diaphragm relaxed and down (at end of expiration) there is a tendency for the great vessels and mediastinal tissues to lengthen out. If the heart is in systole, contracted and upright, and if the diaphragm is contracted up, the heart is pushed up and the mediastinal tissues above are pushed together, broadening the mediastinal shadow.

Cases of suspected thymic dyspnoea, too, are reported which showed no thymic shadow, but which were relieved by radiation. Green-thal reported a case in which the X-ray showed no large thymus, but which resulted in sudden death. At autopsy a hyperplastic thymus was found.

A gland weighing more than 15 gms. is generally considered to be pathologic. A good many, however, have placed the upper limit of normal at 10 gms.

DIAGNOSIS AND SYMPTOMS

Clinically, the diagnosis can be made by finding dullness in the second interspace, at least one inch to the right and left of the midsternal line. This percussion of the thymic dullness is

a very uncertain affair and requires considerable skill. It is best determined with the baby's body in a horizontal position, and with the head in semi-flexion and with the arms extended and clasped about the head.

The symptoms which would lead one to suspect the infant had an enlarged thymus are:

1. Some difficulty in breathing. This may be only paroxysmal and occur only during crying spells or fits of anger, or it may consist of a stridor which is most marked during inspiration. This stridor may also be present only during a respiratory infection.

2. Cyanosis may be present, too, but is usually paroxysmal.

3. Very commonly these infants have an excess of mucous which causes them to choke easily. This choking may occur only during nursing, and it may make nursing quite difficult.

4. These children may have frequent attacks of croup which are not benefited by the usual therapeutic measures.

5. Very often the infant has a tendency to retract the neck, and yet the retraction of the neck causes increased cyanosis and difficulty in breathing.

A frequent experience is to meet cases in which no symptoms have been present until after repeated infections have occurred, as in Case 6, reported above.

It has been generally believed that it occurs most frequently in well nourished children, but that is not always the case. It frequently occurs in the marantic. Only one of the cases reported above was a fat baby.

These babies seem to be more subject to colds and infections than do babies in whom no enlarged thymus is found.

Sudden death is an occasional occurrence in these cases. It may occur in cases in which there have been no symptoms to suggest an enlarged thymus. They may occur without any premonition whatever, or death may follow some trifling accident, as the injection of antitoxin, an anesthesia, etc.

PROGNOSIS

The question which concerns us most at this time is what the prognosis in these cases which are discovered to have an enlarged thymus, and what shall be our treatment?

Of course, the prognosis is generally good, as shown by the work of Liss. However, there are a few cases in whom the large thymus persists, and the care of whom involves considerable risk. There is no means of knowing what cases will spontaneously recover, neither is there any means of knowing which cases will undergo operation safely. Repeated infections in a patient who may have only a moderately enlarged thymus and in whom there is no history of thymic symptoms, may prove disas-

trous, for these patients undergo illnesses badly, and react violently to infections which would cause only a moderate disturbance in normal infants. If a routine measure could be established to rule out these cases the death rate in pneumonia and other severe infections would be materially reduced. It seems to me, therefore, that the only safe thing is to give the patients the benefit of a treatment.

TREATMENT

But if we are to have a routine measure for the treatment of these cases we must find one which is devoid of danger to the baby. So far in the literature, I have not been able to find the report of any harmful effects following radium treatment. However, in six of the cases reported above, untoward symptoms arose after the use of radium. These symptoms were severe enough to cause considerable worry to us as well as to the parents. In Case No. 6 a broncho-pneumonia in an unusually severe, toxic form developed on the second day following the use of radium, and resulted fatally. This was the first case which we had had which made us question the use of radium.

In Case No. 9 a week of severe convulsions occurred following the radium. These lasted one week and did not recur.

In Case No. 12 on the day following the radium, the baby began to run a subnormal temperature and was cyanotic. Her condition appeared very critical. At the end of one week she was back to normal.

In Case No. 13 very severe convulsions, associated with periods of cyanosis, started on the fourth day following radium, and persisted for three days. The baby appeared to be in a critical condition. So far we have not been able to induce the mother to bring her back for even an X-ray to check up the size of the thymus, because she is afraid of a recurrence of the convulsions.

In Case No. 15 there was an increase in the cough, periods of cyanosis and suspended respiration which lasted about one week following the use of radium.

Of course, these cases in which there appeared to be a harmful reaction following the use of radium are few in number, but, at least, they are very suggestive. In view of the work done in blood chemistry on cases treated with radium for other disorders, the suggestion afforded by these cases is very strong.

In three cases we were able to have complete blood counts and non-protein blood nitrogen determinations before and after the use of radium. We found immediately after the use of radium a moderate leukocytosis with a small increase in the polymorphonuclears, and an increase in the nonprotein blood nitrogen of about fifty per cent. In these infants the normal non-protein blood nitrogen varied

from 23 mg./100 c.c. to 27 mg./100 c.c. In Case No. 12 the non-protein blood nitrogen rose to 33 mg./100 c.c. the day following radium, and on the second day reached 37 mg./100 c.c. On the third day it returned to normal. The white blood count here was 10,500, with polymorphonuclears of 28 per cent and small lymphocytes of 72 per cent. After radium the white count rose to 14,850, with polymorphonuclears of 31 per cent, and small lymphocytes of 69 per cent.

In Case No. 15 the non-protein blood nitrogen rose to 37 mg./100 c.c. after the radium. Before the radium the white blood count was 10,200 with polys of 74 per cent, and small lymphocytes of 21 per cent. After the radium the white count rose to 13,800 with polys of 81 per cent and small lymphocytes of 11 per cent.

In Case No. 9 the non-protein blood nitrogen rose to 34.7 mg./100 c.c. after the use of radium.

That increase may be one of the causes of the symptoms produced. There may be other factors, also, which we do not yet know.

We have not been able to find any reason why some cases should have so severe a reaction and others not any at all. We thought, at first, that the larger the gland, the more likely were we to have a severe reaction, but that did not hold true. Neither did the age of the child play any part. Case No. 18 was that of a newborn baby with a very large thymus which was reduced to normal size very quickly, yet there was no reaction.

The dose of radium used was that generally employed, 800 mg. hours. In addition to the usual silver filtration 2 m.m. of lead was added to filter out the rays which were likely to produce some hyperaemia or burns.

SUMMARY AND CONCLUSIONS

1. Enlarged thymus is not a rare condition in infancy.
2. It doubtless contributes largely to the mortality rate in pneumonia and other severe infections. It also occasionally causes sudden deaths during operative procedures.
3. It is desirable to find a routine measure for the treatment of these cases, but it must be one that is devoid of danger to the child.
4. In a small percentage of cases a harmful reaction seems to follow the use of radium, so it would seem better either to use X-ray with its slower results, or to use half the usual dose of radium in two treatments.
5. The reaction which follows the use of radium is probably due in part, at least, to an increase in the non-protein blood nitrogen.

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LETHARGIC ENCEPHALITIS

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No disease of the past quarter of a century has awakened such widespread interest in neurological medicine as epidemic encephalitis. It claims its interest from two special viewpoints. First, it follows very often, seemingly, such very minor illnesses. Second, the final results upon the human mechanism in complicated cases are so very serious, reducing their mentality and blasting their hopes of ever again being able to efficiently fill their places in society.

Epidemic encephalitis began in Europe in 1916-17, following in the path of the influenza. Early the next winter the disease appeared in epidemic form in Paris. It then spread to England, where it was mistaken for botulism, but the error was soon corrected by further study and investigation. Encephalitis did not remain in Europe, but soon spread to Africa, Asia, Australia and America. The disease made very rapid strides in its spread in America, following the influenza epidemic, attracting considerable attention in 1919-1921, during 1921 it being first reported as a definite pathological entity.

ETIOLOGY

Etiology of the disease to the present time is not clearly defined, except that it is quite definitely related to influenza. In 26 cases carefully studied, 16 were preceded by acute illnesses of some sort, the majority being suggestive of influenza. Just what the connection is with influenza is uncertain, other than the fact that epidemics of the two occur simultaneously. The disease must be recognized to be an acute infection, and like most acute infections there is undoubtedly a virus produced that has a definite affinity for the basal nuclei of the brain and other closely related tissues. Strauss has proven that inoculation of emulsion of human brain into the monkey produced lesions characteristic of epidemic encephalitis, and that washings from naso-pharyngeal mucus membranes also resulted in experimental disease. He thus feels justified in concluding that the virus enters the system through the nose, which fact seems to be substantiated by frequency of acute choryza which ushers in the disease. It, therefore, in its early stages, might be considered infectious, and mildly contagious. —*Journal of Infectious Diseases*—1920—page 268.

COURSE OF THE DISEASE

Generally speaking, the onset is gradual, with a prodromal stage of from one to ten days. During this period we usually expect to encounter a group of symptoms accompanying an acute cold, such as acute rhinitis, simple catarrhal conjunctivitis, sore throat, tonsillitis, or bronchial catarrh.

In 26 cases studied the temperature varied from 99 to 103 degrees; pulse 78 to 120; hemoglobin percentage from 76 to 98; red cell count, 3,700,000 to 5,400,000; white cell count 2,700 to 19,200, there being definite leucocytosis in 14 cases. The blood pressure varied from 100 to 135 and 60 to 90 systolic and diastolic respectively. The blood Wassermanns were all negative. Chemistry of the blood revealed a non-protein nitrogen content ranging from 26.4 to 36.7; blood sugar 60 to 130. The metabolic rate was made in nine of these cases. Out of this number two were abnormal, one being 22 plus and the other 38 plus.

There is usually more or less headache as in other febrile conditions, but generally of short duration. There is often delirium, or mania for the first few days, and the patient may require restraint. Some cases present signs of meningeal irritation, and tubercular and epidemic meningitis may be suggested. In characteristic cases marked lethargy, somnolence and athenia develops. The patient can be aroused, but if left alone stupor immediately overtakes him and he lapses back into muttering delirium. The speech is often slow, hesitating, monotonous and scanty. At this juncture, many of the

patients complain of blurred vision, or diplopia, accompanied by distress in the back of the neck. Gastro-intestinal symptoms may develop, such as cramps in the abdomen, nausea, or vomiting.

As this infection seems to have a greater affinity for the tissues composing the brain stem, the cranial nerves are most often affected. It may be stated that the third or oculo-motor nerve is most frequently involved, thus giving rise to strabismus and diplopia. Ptosis is a very frequent and prominent sign. In 24 cases pupillary disturbances were noted, one being dilated, five were unequal, ten sluggish, one no reaction, four were irregular, one large and two small.

As one observes these patients in bed, they present a characteristic masked-like expression of the face. This may be due in some to an emotional depression, and in others to weakness of the facial muscles. Riley and the writer have observed a few cases in which the masked facies continued practically unchanged in patients affected early in the epidemic. I am inclined to believe that one is justified in looking upon this pathological aspect as a fixed quantity in these cases. Along with this peculiar expression, the patient does not have normal automatic associated movements. He walks with body bent forward, arms flexed, and dragging the toe on the floor. The tremor is not as constant as it is in Parkinson's disease. There is a definite muscular rigidity. The fingers are somewhat flexed; drueiling of the saliva is a very common symptom, and generally present in those who are very ill and in whom the disease becomes chronic.

Lesions in the early stages are similar in every respect to those of the non-purulent inflammation. As viewed by the microscope, the specimen represents nothing new. With such findings it causes one to wonder why such gross results should follow. The explanation evidently lies in the vital area involved, and the organs attacked, which, broadly speaking, is the mid-brain. The entire process is reactionary in type, being that of round cell infiltration in the blood vessel wall and lymph spaces. If the cause be eliminated at this stage it would seem that a complete recovery might be expected.

MORTALITY AND SEQUELAE

According to literature, the mortality has been placed at between twenty and forty per cent and ten per cent of those who recover develop some progressive nervous disorder; however, the last is a debatable figure, as some state that ten to thirty per cent recover, and that the remainder of the surviving develop a variety of post-encephalitis conditions. The factor of time since the first outbreak is throwing considerable light on the subject. The variety of sequelae is surprising, and can only be

explained by lesions affecting different parts of the brain. The most common sequelae described in literature are mental, involuntary movements, Parkinson syndrome, respiratory disorders, hiccoughs, vomiting, optic neuritis, lethargy, various minor and major psychoses, and abnormality in sex function. This disease has now been active in this country only about five or six years; nevertheless, we frequently meet patients who are living examples of the ravages of this disease, some of them displaying the major outstanding complications, namely: lethargy, Parkinson syndrome, and decreased mentality.

Lethargy is a very marked feature early in the disease, thus the name "Lethargic Encephalitis." Nevertheless, patients have come under observation in which lethargy was a very marked symptom of the first illness, then the patients seemed to clear up, completely relieved, returned to their activities in life, and a little later be overtaken by a recurrence with attacks of sleepiness. This symptom may be present for a considerable length of time, and in different degrees, some even sleeping for days, and can only be aroused with effort to take food and water. This finding was present in 13 out of the 26 cases reviewed. How can this peculiar phenomena be explained, is a question that naturally confronts us.

"I have always regarded lethargic encephalitis with its remarkable fluctuation as impossible to understand, except as the result of mechanical interference with the drainage of the cerebro-spinal fluid from the third and lateral ventricles. In the active phase of the disease this may be explained by the inflammation and oedema of the tissues around the aqueduct Sylvius. When lethargy is a recurrent sequelae it may be justifiable to regard it as evidence of imperfect drainage of the ventricles due to scarring of periaqueductal tissues."—*Hunt, British Medical Journal*—Dec. 8, 1923, page 1085.

In other words, these patients are really suffering from a mild degree of hydrocephalus.

It would also be well to remember that the pituitary gland lies close in the region, and some have supposed that it might be involved, producing some symptoms of hypo-pituitarism, but thus far evidence is lacking that the hypophysis is implicated.

The Parkinsonian syndrome may well be called the gross sequelae in encephalitis. In the 26 cases analyzed, five developed typical Parkinsonian syndrome, and five others showed partial symptoms, (two characteristic facial expression and three tremors). This group of symptoms so nearly parallel that of paralysis agitans that we might reasonably expect similar pathology. Dr. Douglas McAlpine, (*British Medical Jour-*

nal, page 1088), makes mention of 14 autopsies on cases presenting the Parkinsonian syndrome, associated with encephalitis lethargica. The most striking fact in the various findings, and one common to all cases, was a destruction varying in amount of the cells of the substantia nigra, in the mid-brain. Inflammatory changes were noted in other tissues, such as the basal ganglia, but the most definite and prominent changes were noted in the substantia nigra. McAlpine has also described a condition found which he terms classification of the blood vessels, somewhat pronounced, but not confined to, the globus-pallidus. The part most involved was the anterior half, the area being supplied by the internal striate branches from the middle cerebral artery. The alteration in the blood vessel wall was that of a reposition of fat globules in the adventitial sheath, or a hyalin degeneration, chiefly affecting the media. Calcium salts were then deposited between the adventitia and media or in the media itself. Similar changes were found in cases of idiopathic paralysis agitans. It seems reasonable to suppose that in encephalitis lethargica the circulating toxine produced degenerative changes in the vessel wall and the calcium salts were attracted to these parts. Since our attention has been definitely invited to the globus pallidus, a part of the nucleus lentiformis, it might be interesting here to study briefly the anatomy and physiology of this area.

The corpus striatum is situated near the base of each mass of gray matter imbedded in white substance. It is divided into two portions, known as nucleus caudatus and nucleus lentiformis. I wish to call attention briefly to the latter, as it is definitely concerned in the subject under discussion. This nucleus lies lateral to the caudate, and is divided into two parts, viz: the outermost zone; the putamen and the inner portion globus pallidus. Histologically, it is composed of medium sized and large pyramidal cells, the latter being more numerous in the globus pallidus. The small cells, according to Ramsay Hunt, represent the neostriatal system, whose function is that of a controlling and co-ordination mechanism. The paleo striatal system is composed of large cells, it serving a dual function, viz: production of, and control of automatic associated movements, and myotonic stabilization of muscles. The symptoms resulting from the destruction of the globus pallidus in degenerative processes would therefore be a suppression of associated automatic movements, hypertonus of body musculature and the production of more or less pronounced attitudes and tremor, occurring in

the resting stage of muscles due to lack of proper myotonic stability.

The lenticular nucleus is connected with the red nucleus by fibres known as ansa-lenticularis, passing through the anterior two-thirds of the posterior limb of the internal capsul. It gives off fibres to the central gray matter of the third ventricle and to the fields of Forel.

Leaving the cells of the red nucleus the axones immediately cross, forming the ventral tegmental decussation of Forel. The fibres then become collected, entering the lateral white column of the cord, forming the extra-pyramidal tract, finally connecting with the motor cells in the anterior horn of the spinal cord.

PROGNOSIS

The prognosis is not good from a standpoint of life or development of complications. Nevertheless, it is often better than one would expect when considering the serious condition of the patient. The duration of the disease may be roughly stated to cover a period of six weeks to three months, or more, and this usually to be followed by a long, tedious convalescence. The extreme case may die in 48 hours. However, it is generally conceded that ordinary fatal cases may extend somewhat over a week.

TREATMENT

As the etiology of encephalitis is uncertain, the treatment thus far is almost entirely symptomatic. As in all acute infections, one of the first things to be insisted upon is rest, and should extend over a long period for convalescence, in order to avoid the developments of unfavorable sequelae. The patient should partake liberally of fluids that elimination may be encouraged from skin and kidneys. The food intake should be sufficient to support the body and avoid loss of weight. The diet should be laxative in nature, thus affording a sufficient amount of roughage to encourage free bowel evacuation. Agar and mineral oil may be used in the usual dose, if needed. As these patients are quiet, often for a long period of time, they usually develop a rather obstinate type of constipation, and if enemas and the above remedies fail, mild cathartics may be used. In some of the more chronic forms which develop some of the more severe sequelae, as Parkinson's syndrome, hydrotherapy, massage and passive movements have a very valuable part to act. During the acute stage, a continuous warm bath or hot pack often aid in relieving excitement, diminishing muscular contractions and promoting sleep. Luminal and hyoscin in appropriate doses are often useful in con-

trolling excitement, insomnia and myoclonic movements. Rothstein uses large doses of sodium cacodylate varying from 10 to 30 grains three times a week, during the chronic stage. Particularly in those who have developed the Parkinsonian syndrome, I have given this in a few cases without any definite results. As in all acute disorders, the profession anxiously awaits the development of a serum that will react favorably. We are all pleased to give due credit to such men as Rosenow and Helmholtz who have put forth real effort in this particular line, and this paragraph on treatment would hardly be complete without calling attention to some of their works and results.

One hundred and thirty cases have been studied by Rosenow following serum treatment—85 improved and 43 showed no appreciable change. The duration of disease at time of treatment varied from two days to three years. The predominating type of the disease was reported in 80 cases of this group, viz.: lethargy, myoclonics, chorea form and Parkinsonian (J. A. M. A. page 1585). Experimental studies indicate that the progressive and changing character of the disease, the exacerbations and the so-called sequelae, are due to an inactive infection by a streptococcus, which has peculiar neurotropic and other properties, and that invasion may be favored by the presence of primary foci of infection, such as sinuses, teeth and tonsils. Hence, besides the serum and other forms of treatment, a thorough search for, and when possible, removal of, foci of infection, combined perhaps with active immunization with a vaccine prepared in the hope of arresting the progress and preventing recurrences in this disease.

Whether or not spinal drainage is advisable in this disease is a question. For diagnostic reasons, a lumbar puncture is frequently necessary. However, when the spine is tapped and the fluid is cleared, only enough should be removed to permit of necessary laboratory examination, and after this no further punctures should be done, because the lowering of the intra-spinal pressure may produce a dissemination of the infection through the brain and cord. (Geo. Wilson, Atlantic Medical Journal, November, 1923, page 70.)

Dercum and Spiller, while discussing the subject before the Philadelphia Neurological Society, laid special stress upon this point. (W. G. Spiller, Archives of Neurology and Psychiatry, Volume 10, No. page 127, July 1923)—(F. X. Dercum, Archives of Neurology and Psychiatry, Volume 10, No. 1, page 127, July, 1923).

A possible exception to this opinion re-

garding spinal drainage in encephalitis may exist in that type of disease in which meningial symptoms may predominate and in which high cell counts are found. Rosenow and Helmholtz report acute cases which cleared up very satisfactorily by using serum, following a desensitization injection of 1 cc. of serum, three doses were given, either intravenously or muscularly in consecutive days of 5, 10 and 15 cc. doses. The injections ordinarily are continued from five to eight days. (J. A. M. A., page 2068, Dec. 16, 1922).

Thus far, no specific treatment has been brought forth. Some good results have been obtained by so-called symptomatic remedies, which assist the patient to react against the infection, and produce a degree of immunity, but in the advanced stages where major complications developed, such as the Parkinsonian syndrome little has been accomplished in the way of treatment.

CONCLUSIONS

1. Every case of encephalitis should be looked upon as a serious malady, even though it may present only one or two symptoms.
2. The majority of cases seem to develop following acute infections, such as influenza.
3. The Parkinsonian syndrome is now considered the major sequelae, and according to Dr. Petron of London, probably occurs in twenty-five per cent (25%) of cases.
4. The most prominent lesion is located in the substantia nigra.
5. Treatment thus far is very largely symptomatic.

THE PROBLEM OF THE PHYSICIAN'S RELATION TO THE PUBLIC*

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One of the problems of the present time is to supply adequate medical and surgical service to the rural communities. Unfortunately, on account of the long and expensive training incident to the medical diploma, it has been increasingly difficult to get trained physicians to practice in sections removed from medical centers and the equipment that is essential to the thorough study of an individual case. The young medical man feels starved by being temporarily divorced from touch with his colleagues and the stimulation of the laboratory and medical society. The remuneration for country

*Delivered at General Session M. S. M. S., Mount Clemens, Sept., 1924.

practice is relatively inadequate to the cost of education in medicine and as a consequence increasing numbers of present-day graduates are going to the cities and larger towns. (The older practitioners are dying out and few are taking their places. The cure must lie with the community rather than with the profession. It is unwise to bring the profession down to the simpler demands of the more remote rural communities, although they require just as competent treatment as any one else.) When serious illness occurs and operations are required, they can and do go to the large cities and hospitals, where they pay proportionately more than they do at home. (If high-grade medical service is desired by these communities, they must deserve them by the increasing of good roads and the utilization of all modern conveniences to render rural living and small town existence more comfortable and happy. Hospitals should be established in towns sufficiently large to accommodate them for the benefit of the adjoining sections. If communities wish competent service, they will procure it just like they do good preaching and good teaching. At present we are in an evolutionary period where all communities have not yet caught up with the ideals and high endeavor of the profession. They can have competent medical care and they will ultimately have just what they wish.) It does not seem wise, therefore, to lower the standard of medical education, but rather to educate the people up to the need for higher medical practice so that they can support them. Any fairly prosperous countryside can afford a capable practitioner, not that the average medical man is anxious for great returns because he is notoriously unmoved by purely material recompense. He must, however, have an adequate livelihood and environs suitable for rearing and educating his family. It is incumbent upon each community to provide as far as possible the means for the encouragement of sufficiently trained medical men.

(The ignorance of the truth about medicine is appalling. It is due to our reticence to impart the facts regarding the improvements and actual results of medical practice to the public. It is so embarrassing to a medical man to have vain-glorious statements made about his individual achievements that no plan has been evolved whereby the truly wonderful accomplishments of medicine are matters of common knowledge. Every day happenings in the hospital and laboratory are sealed books to the public.) The little they know of them is inaccurate and garbled. If by chance a doctor is induced to tell some of the tremendously dramatic things that really occur under his observation, people listen, spellbound. If that sort of thing could be incorporated into the public press without involving the personal element,

it would be interesting and instructive. People study art, architecture and engineering with the greatest avidity, but the thing that appeals to them most is the intricacies of the human body. (Medical men cannot themselves present these matters and are extremely bashful about doing so. If trained newspaper writers with some knowledge of medicine could be given access to meetings like this and could translate and present in a readable way the salient points in some of the papers of this meeting to the public, it would be a mine of information.) A high-grade feature writer would revel in it. This problem, though difficult of solution, should be approached frankly and squarely. The beneficences of the medical profession should not be hidden under a bushel, but should be given to the people for their enlightenment and encouragement against illness.

(If an informative, comprehensive and plain story of the contributions of medicine could be written impersonally by certain members of each Medical Society and upon occasion deal especially with the various forms of treatment that we regard as quackery, or some peculiar cult, it would be a very satisfactory way of educating the people.) The Illinois Society, through its president, devised such a pamphlet which could be circulated among those who inquire about the various cults. Accurate information, especially if it is presented in a pleasing and frank manner, is at a premium. Why cannot the Michigan Society devolve some such plan?

An interesting study was made last year at Chicago by a personal interview with something like 7,000 people to ascertain their attitude toward the medical profession. They were approached tactfully and asked just what they felt about the physician and if they had any grievances and why they consulted any so-called practitioner other than men who are regularly graduated. Investigation showed that only about 7 per cent of the people of this group were unrestrainedly inimical to the regular physician. Only about 13 per cent had never patronized any irregular cult. The remainder had at one time or another dabbled in irregular medicine. It doesn't mean that this group is wedded to such fantastic methods. Of course, when they get acutely sick they uniformly seek the counsel of the regular physician. When their feet touch "the chilly waters that separate the island of Time from the mainland of Eternity" they call distressedly for the life-guards. Among the reasons given for consulting these would-be healers was the feeling that doctors often tell one what not to do, but don't do very much for one themselves, certainly not in a physical way, which of course appeals very much to the individual. It was said that the physician charged too much. This, of course, is a prevalent attitude toward every

service that is rendered and yet the average income of the physician is, to say the least, moderate. It is not all of salesmanship to put through a transaction. The essential is the satisfied customer. The physician is so concerned with the abstruse problems of the case that he often forgets that the recognition and appreciation of the quality of the service must be "sold" to the patient as well. The complaint that we never explain the case sufficiently for the patient is probably true. The human mind demands an understandable explanation. We would do well to go a little more into detail. We are too much like the engineer on the limited who feels that when the passenger intrusts himself to his care, that all he has to do is to see that the train is run in the safest and most expert manner and that the passenger has no occasion to make any inquiries as to the route, the time, the danger, or even the disasters, but the passenger can't get into the engineer's cab. He is, however, always very close to the physician and when he isn't, his relatives and friends are. It is disheartening after the doctor has explained most carefully to all the responsible parties and to various other secondary groups, when someone comes up and says, "Doctor, I want you to tell *me* the truth about this matter."

(It is thought we think ourselves much wiser than any other group of people who treat the sick by the same method irrespective of the disease. Nobody realizes the want of more knowledge than the physician himself. There is nothing under the sun, on the earth, or beneath the earth that is not utilized if proven of value by the regular medical profession in the prevention of disease and its cure, but all that there is in chemistry, biology, physics, electricity, radium, drugs, massage, dietetics, suggestion, surgery, and sanitation that are the heritage of the world from all the studies of all the scholars of all time are at the disposal of the regularly educated, graduated medical practitioner.)

(Many people have the impression that the leaders, practitioners, teachers, or healers of the various cults have had a most thorough training. The real answer to all of the many half baked methods of treating the sick is that if everybody who is allowed to treat disease would first pass examinations upon the real essential sciences, physiology, chemistry and pathology, that while the treatment might differ, it would at all times be sane and forward looking.)

Another cause of disaffection was the attitude to our brother physician. They say we are about as friendly as two strange bulldogs. Unfortunately, this has a modicum of truth. The profession has undeniably improved wonderfully in this regard, but we have yet to learn the truth of the statement of the man in

the street, that every boost is a knock. When "A" speaks disparagingly of "B" and "B" thinks "A" a scoundrel, the patient takes the attitude that these men evidently know more about each other than they do and accept them at their mutual valuation. This unfortunate relationship would seem to disprove another jibe that has been hurled at us, namely, that one physician will protect the blunder of another. The two criticisms are inconsistent and still we fall between Scylla and Charybdis. Another objection was that we never admit any good in any other bizarre plan of treatment or mental methods. We have practiced suggestion consciously, unconsciously for time immemorial. We recognize all of its good qualities and emulate them.

(It does seem unthinkable to us, however, to apply mental healing to a ruptured appendix, to a tumor on the interior of the body that is fast becoming malignant, or to read out of a book, however good, for mental tranquility to a little child who is choking to death from the membrane that clogs the throat in diphtheria, when the antitoxin which is the plan of our Creator in its cure and dissolves it like magic, is unknown and unused.) It is alleged that the cults draw upon agencies greater than man and that the physician's treatment is mechanical and human, and yet our knowledge of the great laws of nature and the infallible mercy and helpfulness of God is that his bodily curative processes go on unerringly whether we ask Him or not and that it is done automatically for the animal as well as for the sentient beings even as He allows His rain to fall upon the just and the unjust. These various criticisms are very amusing and as the collector of them said, they are "chuck full of unadulterated lies, polite and half truths and delirious fancies." See that we profit by them. If we know of an erroneous impression that a person has about us it is easier to set it straight.

(The real case against the cults, fads, sects, and isms in human sickness is their inability to understand the many intricate causes of disease, its prevention, its control by scientific sanitation and the untenable belief of each separate cult that all the diseases, whether of the mind or body, can be cured by a single process, each different. They will treat anybody that will hold still and one is born every minute. Its popularity is due to those of an unstable, impressionable nervous system, who are always looking for some easy way, particularly if it is mysterious. They are unwilling to purchase health by a rational means, but want some mystical or miraculous occult force to be invoked in their aid.)

(The laxity of our laws and unawakened public opinion allow people of no fitness, with not even a high school education, to take some

ridiculously short and inadequate course for treatment of the most variable and intricate processes of disease in all its devastating potentialities, and many Americans whom Barnum loved "fall for it." The medical profession is so driven with the care of real and urgent maladies that they sometimes are neglectful of those who are functionally and psychically unfit and it is these individuals who try the cults which they think if "they don't cure you, won't hurt you." If their clientele was restricted to this group alone, it wouldn't be so bad, but they have no way of distinguishing between the communicable and non-communicable diseases, no way of recognizing incipient diseases of the vital organs and of course no definite or rational way of preventing death-dealing diseases and wrestling with their destructiveness.)

The aversion to publicity in medicine is doubtless founded on the feeling that science needs no defense, yet it was said of Huxley and Darwin that they had to fight the battle of Science with the public on the one hand, while they fought the battle of Science in the laboratory with the other. Progress is a series of battles. It is never won only by the repeated launching of offensives. It must ever be fought and with the cudgels of Truth. The fight is not for the profession, but after all, for humanity. The world should know if society is to be saved it is not by the charlatan, but by the scientist, who is willing laboriously to burn the midnight oil and labor for a generation to carve a stone that may adorn the temple of Science. A campaign of publicity must be dignified, unswerving and repeated without ceasing. Education and re-education. The story of medicine, its heroes, its martyrs, its great discoveries, must be forcefully told.

In addition to being an individual matter, it should also be one of the functions of the State Medical Society. All of the other avenues of activity are well paved, but the road to the mind and imagination and the confidence of the people, their enlightenment, and protection, but the main highway for our profession to travel for the betterment of the race must be constantly repaired. It must be a federal highway in the sense that component counties must do their part as well as the state and the nation. I believe the American Medical Association would augment its many activities to head up, map out and prosecute an active, educational propaganda throughout this country. It is the people's due. It is the profession's duty.

We should have the fullest co-operation with the state boards of health, etc., "state medicine" in its better and broader sense, not in the con-

tract physicians' sense, or its degeneration to the plane that it was in Germany or the panel system existing in England, but modern American medicine with a larger outlook wherein the state conserves the health of the individual and supplies laboratories for the aid of the rural practitioner and encourages county and community hospitals.

While it would be ideal to have the care of the sick limited to the best trained individuals possible, at the same time we must recognize that the short cut to knowledge has always been taken and that there never has been a time when there have not been scores of cults for the cure of diseases by various fanciful processes. You know how short-lived they are, how quickly they give way one to another. Oliver Wendell Holmes once said, "So long as the body is affected through the mind, no audacious device, even of the most manifestly dishonest character, can fail of producing occasional good to those who yield it an implicit or even a partial faith. The argument founded on this occasional good, would be as applicable in justifying the counterfeiter and giving circulation to his base coin, on the ground that a spurious dollar had often relieved a poor man's necessities."

As the earlier teachings of the traditions of our ancient profession have been handed down from generation to generation by word of mouth, so the great accomplishments of present day medicine; the increasing span of human life; the mitigation of suffering; the inculcation of the laws of physiology; and the fundamentals of health, should be known about. We still have a burning message to deliver to our fellowmen just as we have the enormous responsibility of their protection against pestilence and their succor.

We should organize a society like this into a bureau of speakers to carry the message of prevention of illness and the great principles of human health and happiness to the people by word of mouth. Men who have the ability to impart this common knowledge of our profession should be asked to do so before civic clubs, in the pulpit, in the schools and colleges, and by radio under the auspices of the State Medical Societies. The knowledge which we have should be disseminated for the good of the individual and the community. (The truth about medicine is so wonderful and so glorious and so inspiring that it cannot fail to convince an indebted world when others are caught up with us in its splendor.)

Official Minutes of the 104th (59th) Annual Meeting of the Michigan State Medical Society Held in Mt. Clemens, Sept. 9-10-11, 1924

MINUTES OF THE COUNCIL

FIRST SESSION

1. The Council met in the Park Hotel, Mount Clemens, at 12 m., September 9th, 1924, with Chairman Jackson presiding and the following members present: Jackson, Stone, Clancy, Walker, Burke, Darling, Corbus, Baird, Bruce, Randall, LeFevre, Ricker, President Connor and Secretary-Editor Warnshuis.

2. The Chairman presented several recommendations that were pertinent and desirable for incorporation in the proposed new Constitution and By-Laws. After discussion, upon motion of Councilors Stone-Corbus, the Chairman was designated to act as the Spokesman of the Council and present these recommendations to the House of Delegates when that body took up in its order of business the revision of the Constitution and By-Laws. Carried.

3. On motion of Councilors Bruce-LeFevre the Secretary was directed to make a statement to the House of Delegates as to why an increase in annual dues was essential. Carried (See minutes of House of Delegates).

4. The annual report of the Council to the House of Delegates was presented by the Chairman, discussed and approved. See minutes of House of Delegates.)

SECOND SESSION

5. The Second Session of the Council was held at noon, September 10th, 1924. No business having been referred by the House of Delegates, no formal business was transacted.

THIRD SESSION

6. The Third Session of the Council was held at 1 p. m., September 11th, 1924, with Chairman Jackson presiding and the following Councilors present: Jackson, Bruce, Baird, LeFevre, Walker, Darling, Randall, Burke, Corbus, Stone, Ricker, Clancy, and the Secretary-Editor, Dr. Warnshuis.

7. Dr. Davy of Lansing, on behalf of the Ingham County Medical Society, presented an invitation to the State Society to hold its 1925 Session in Lansing.

8. Dr. LeFevre, on behalf of the Muskegon County Medical Society and the Chamber of Commerce, presented an invitation to hold our 1925 meeting in Muskegon.

9. On motion of Councilors Stone-Ricker, Muskegon was selected as the place for holding of our 1925 annual meeting. The date to be designated by the Chairman. Carried.

10. The Secretary called to the attention of the Council to certain provisions now effective by reason of the adoption of a revised Constitution and By-Laws by the House of Delegates.

11. On motion of Councilors Stone-Walker, the Secretary was instructed to carry out his outline of a plan of education regarding proposed new activities to be undertaken by the State Society. Carried.

12. On motion of Councilors Corbus-Randall an Executive Committee of the Council was created, composed of the Chairman, Secretary and Chairman of the Council's Committees on County Societies, Finance and Publication. Carried.

13. The Secretary outlined a plan and activity for a full-time Executive Secretary. On motion of Councilors Stone-Bruce, the Chairman and Secretary were authorized to interview possible candidates and report their findings at a future meeting of the Council. Carried.

14. On motion of Councilors Darling-Baird, the Secretary was instructed to pay the actual expenses only of one section guest and of Dr. Libman. Carried.

15. On motion of Councilors Ricker-Baird, the Committee on County Societies was instructed to prepare a plan for the holding of district and county clinics and the Secretary was authorized to secure the co-operation of the American Medical Association. Carried.

16. On motion of Councilors Stone-Burke, Councilor J. B. Jackson was elected Chairman of the Council for the ensuing year. Carried.

17. On motion of Councilors Randall-Ricker, Councilor Stone was elected Vice-Chairman of the Council for the ensuing year. Carried.

18. On motion of Councilors LeFevre-Burke, Battle Creek was designated as the place for holding the January, 1925, Session of the Council. The date and hour to be designated by the Chairman. Carried.

19. On motion of Councilors Baird and Burke, Council adjourned.

(ATTEST:) F. C. WARNSHUIS,

Secretary.

GENERAL SESSION

FIRST SESSION

The first General Session of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Bijou

Theatre, Mount Clemens, at 9:45 a. m., Wednesday, September 10, 1924, by the President, Dr. Guy L. Connor, Detroit.

INVOCATION

Rev. D. H. Ramsdell, D. D., Methodist Church, Mt. Clemens

Almighty God, our heavenly Father, Thou art the author of our being and the giver of our life. Thou has made us and not we ourselves. In Thee we move and live and have our very being. We would acknowledge Thee this hour and give Thee the thanksgiving and praise that are due Thy name. We thank Thee for this marvelous age in which we live, for the great advancement and increasing knowledge in every field. We thank Thee, our Father, for the agents that are working for the benefits of mankind. We thank Thee for the schools that are training our men. We Thank Thee for these sources of knowledge that are open to us. We Thank Thee for religion and for the churches which are seeking to develop the moral and spiritual side of our nature, and this morning we very especially thank Thee for the science and practice of medicine and surgery. We Thank Thee for these men and women who have consecrated themselves to the holy calling of healing. We thank Thee for their continually seeking to destroy our ills and conquer disease and free humanity from this bondage.

We thank Thee for that character who is so well known among our people, the family physician. We thank Thee for the relations of confidence and mutual respect existing between him and the families. We thank Thee, Oh God, for the sympathy and health which have come to the family through the family physician, and this morning, our Father, we thank Thee for the extraordinary advancement which has been made by the development of medical science in recent years. We thank Thee for the fields where they have conquered so largely, that the diseases which have been a scourge of humanity have been driven from the field. We ask Thee to help them to further conquest in these fields. We pray Thee that Thou wilt enlighten these great students and great investigators as they proceed along these lines, until the time may come when all these things may be driven from the field and when these medical practitioners shall have only to keep Thy people in health and condition.

Let Thy blessing rest upon this State gathering, in the discussions of the papers that are read, and we pray that out of this meeting may come new light and inspiration, and that these men and women may go back to their fields feeling a new sense of their high and noble calling. We ask Thy blessing upon this gathering, and that out of it may come good to the profession, great good to the profession and to humanity. In the Master's name we ask Thy blessing. Amen.

ADDRESS OF WELCOME

E. G. Folsom, M. D., President Macomb County Medical Society.

Mr. President, Members of the State Medical Society and Friends: To me has been given the pleasure of offering to you the hospitality of our hearts, of our city and of our Council. It is always an inspiration to any one to look into the faces of men and women who are working along the same lines of thought

and endeavor. Men and women who are endeavoring to lengthen out the span of human life, and to save humanity from any more suffering than is necessary. Through all the centuries that have passed men have gathered together in convention, as well as by individual endeavor, to accomplish this result. It is possible that out of this convention some thought, some ideal, some new thing may come which shall further the end of making human suffering less. May it be so.

So far as we are concerned in Mount Clemens, we are like the rest of you in your home environment—we are proud of some things here. We are proud of our million dollar high school, of our St. Joseph's Sanitarium, which has served the public for twenty-five years, and for its new addition which will be ready in January. We are proud that we have in our immediate vicinity what the flyers call "the best aviation field in the United States." We are proud of these many things, just as you are proud of your home environment.

We have one thing here that you have not, and that is the mineral water which is used in the Mount Clemens baths. You can see by your badge that we all swear by the tub. This bathing business began about fifty years ago and I have watched this development for forty years. A careful estimate shows that there is a sum of about five million dollars invested in bathhouses and hotels that surround this bathing business. I do not know what to call this activity—whether it is a bathing business or not, but one cannot call it an institution because it has no institutional head. It is an industry. The peculiar thing about the industry is that it has never had a professional head. There has never been a trained physician in charge of this industry. It has grown from a bathhouse large enough to hold one tub to ten baths. In the month of August just passed a study of the day book of these different bathhouses shows that there was given 60,400 mineral baths. That will give you an idea of the extent of the industry. It is a thing for the people and by the people, and whether we advise our people to come here or not they come. The physicians of Mount Clemens feel that the other physicians should know more than they do about this industry which has made us what we are. The bathhouses are all open to you for inspection and for free baths while you are here. Personally, I look upon mineral baths as a luxury. They cure people whether our medicine does or not, and they come here, and keep coming. What is shown in August is shown in larger or smaller degree in every month of the year. We ask you to investigate as much as you can while you are here the quality of these baths for Mount Clemens has thrived for fifty years on this industry. As I suggested before, no

physician has one dollar invested. It is by the people and for the people, and we feel that something should be done to put these baths on a more scientific basis, that the people who come may be better advised as to what kind of a bath to take and when to take it, and we wish you to look into them as well as you can so that you may instruct your people as to what is best to do when they come here. We hope you will take baths while here. (Laughter and applause.) I need not say anything further. I only wish to say that we are glad you are here because you are what you are, physicians, and we welcome you. (Applause.)

RESPONSE

President Connor:

Dr. Folsom, Members of the Society and Friends: On behalf of the Michigan State Medical Society I wish to thank you and the members of the Macomb County Medical Society for your cordial welcome. I am sure we will all take away with us the memory of a most interesting and instructive program.

We are fortunate in having with us the Secretary of the American College of Surgeons, Dr. Franklin H. Martin of Chicago, who will now speak to you for a few moments. (Applause.)

DR. MARTIN: Members of the Michigan State Medical Society, Ladies and Gentlemen:

Not as the Director-General of the American College of Surgeons and not as an associate in wartime activities in which you all aided so splendidly, but as a member of the great American Medical Association, and a friend of our old chief, Surgeon-General Gorgas, do I come before you.

We are planning to establish a memorial for our former chief, not of marble or bronze, but a permanent, living organization in the form of a great health guild that will unite laymen and doctors in a concentrated effort to obtain better personal health—a guild that will be supported and directed by the representatives of curative medicine.

In the United States today there is scarcely a community that has not its quota of irregular "medical practitioners" (so-called). In many states there are strong organizations of the representatives of these various cults whose theories are imposed upon an uninformed public. The responsibility for this condition is largely due to the indifference of the scientific medical profession whose professional reticence has encouraged the growth of unscientific methods. If the profession is to maintain the high standing to which centuries of labor in behalf of suffering mankind entitled it, it is essential that a definite organized effort be made to familiarize the public with the facts regarding medicine's contributions to human welfare and the necessity for a close co-operation between the doctor and the public to insure a continuation of progress.

This is one of the objects of the Gorgas Memorial, namely; to furnish a channel through which proper health information may be disseminated to the public. It cannot be done by individual physicians. It must be conducted by a dignified, ethical organization, controlled by the medical profession. The name of Gorgas is synonymous with "Better Health." No more appropriate name

could be adopted for a movement that has for its object the development of co-operation between the public and scientific medicine for the purpose of improving health conditions.

Before we go to the public with an appeal for financial and moral support, the doctors of the country must unite in support of this program. To accomplish this, Committees are now in process of organization, consisting of 100 to every 1,000,000 population in each state. Seventy-five per cent of each Committee will consist of medical men and the other 2 per cent of prominent and influential laymen and women. The affairs of the organization will be conducted by these Committees in co-operation with the national executive Committee.

As you can appreciate, no organization can operate without funds. We are endeavoring to raise an endowment of \$5,000,000, the interest of which will be utilized in carrying on the work of the organization. The principal will be invested in trust securities and remain intact. Those invited to serve as Founder members of the State Governing Committees are requested to make a contribution of \$100.00 to the Endowment Fund.

The American Medical Association at its recent meeting in Chicago, passed the following resolution:

"Resolved, That the House of Delegates of the American Medical Association, convinced of the great promise which the Gorgas Memorial contains of benefit to humanity through improved knowledge of preventive medicine and tropical disease, and of its peculiar adequacy, as a tribute to our great leader and sanitarian, recommend to the organized profession of the country, through its constituent state and county societies, the enthusiastic support of the project."

(Signed),

J. A. Witherspoon, Tennessee,
Joseph Rilus Eastman, Indiana,
Thomas Cullen, Maryland,
W. H. Mayer, Pennsylvania,
F. B. Lund, Massachusetts.

The Memorial program has also been endorsed by the State and County Societies and various civic organizations.

Shortly after the Presidential election this year, a national publicity campaign will be launched along the following lines:

1. A "Gorgas" paragraph will appear daily simultaneously in all the newspapers of the country, over a certain specified period, consisting of articles on health topics, written by well known specialists and prominent law writers interested in better health movements. These paragraphs will be accompanied by news items pertaining to the local Committee activities and brief paragraphs on Gorgas written by distinguished individuals who were his personal friends.

2. Health articles will appear in the general magazines and in the medical journals.

3. Radio talks on general health topics will be broadcasted at frequent intervals.

4. A general dissemination of information featuring the interesting achievements of scientific medicine as opposed to the existing propaganda of cults and quackery.

Encouragement of periodic health examination by the family physician at least once a year, stressing the fact that these examinations be conducted by the family doctor rather than by stock companies employing salaried physicians for the purpose.

This is one foundation controlled by the practitioners of curative medicine and as such should

be supported by every member of this Society. Let us pull together, the "doctor for the doctor." (Applause).

Dr. W. T. Dodge, Big Rapids, moved that the subject matter of this address be referred to the Council for respectful consideration.

Motion seconded and carried.

ANNOUNCEMENTS

Committee on Arrangements

Dr. V. H. Wolfson, Mount Clemens, announced the plans which had been made for the entertainment of the Society and suggested interesting places to visit.

Report of House of Delegates

Dr. F. C. Warnshuis, Grand Rapids, presented a brief report of the meeting of the House of Delegates, and introduced the President-Elect of the American Medical Association, Dr. William D. Haggard of Nashville, Tennessee.

PRESIDENT'S ANNUAL ADDRESS

Dr. W. T. Dodge, Big Rapids, took the Chair and introduced the President, Dr. Guy L. Connor, Detroit, who delivered the Presidential Address. (See original articles.)

At the close of his address Dr. Connor paid the following tribute to Dr. Beverly D. Harrison:

If I am liking you a heap;
Come out an' tell you so;
If I'm your friend, no use to
Keep it hid—you want to know!
Don't wait until he's dead an' gone,
To say how fine he's been;
Don't wait to put your posies on
His grave—instead o' him.

We have with us today the man who was elected President of this Society twenty years ago.

We have with us today the man who wrote the Chandler Act and all of its amendments, save one.

We have with us today the man who originated and carried through reciprocal medical relations between states.

We have with us today the man who has been the only Secretary that the Michigan State Board of Registration in Medicine has ever had in its twenty-five years of existence.

We have with us today the man who has been the "watch-dog" of the Board—always fair, always honest, and always efficient.

We have with us today the man who is known from the Atlantic to the Pacific as the foremost authority in all matters pertaining to medical licensure.

Dr. Beverly D. Harrison, I feel that the medical profession of this country owes you a great deal. (Prolonged applause.)

President Connor then resumed the Chair and introduced to the Society Professor, W. D. Henderson of the University of Michigan, Ann

Arbor, who delivered an address entitled, "Science and Superstition."

(To be published in Original Articles.)

NOMINATIONS FOR PRESIDENT

DR. CARL MOLL, Flint: Mr. President, Ladies and Gentlemen: I have looked forward to this moment with the keenest anticipation. I know of nothing that will ever give me greater pleasure than placing in nomination for President of the Michigan State Medical Society the name of my old-time neighbor and colleague, Dr. William K. West, of Houghton County. I have known and admired Dr. West for a quarter of a century. For you who may not have had the pleasure of his kind hospitality and friendship and have not an appreciation of his keen intellect and respect for his professional ability, I will briefly outline some of the outstanding high-lights.

Dr. West was born in Missouri in 1866 and was graduated from the Detroit College of Medicine in 1889. He served an internship in St. Mary's Hospital and afterward became associated with the medical staff of the Calumet and Hecla Hospital. He served well and attracted the attention of the officials of the Copper Mining Company, who tendered him the position of Chief Surgeon of their interests, which position he still ably holds.

Dr. West spent considerable time in postgraduate work at John Hopkins. He is also actively identified with County, State and National Associations. He is a charter member and was the first Secretary of the Houghton County Medical Society, afterward becoming its President. He was a delegate to the American Medical Association and about twenty years ago, in 1900, I believe, was Secretary of the Section on Surgery. He served ably and well on various committees. Only last year he did credit to himself and the Upper Peninsula Society by being its President.

It is very obvious that these activities have fitted him to assume the duties of President of the Michigan State Medical Society, and you cannot do greater honor to yourselves than by conferring upon Dr. West the greatest gift at your command. (Applause).

DR. ANGUS McLEAN, Detroit: I do not know that I can add anything to these remarks. Some of us are informed that Dr. West had been promised this last year. I am not the hero of pre-nomination promises, because you do not know what the other fellow has to offer.

I am not here to nominate a gentleman who ever sought office, but I am going to nominate a gentleman who has a long and honorable career in the practice of medicine. By that I mean the actual part of coming into contact with people. Professor Henderson, in his address, spoke about the two sides of life, the machine side and the human side. This President, I would say, is the machine side—I will take the human side. The machine side is that referred to by the Speaker who said he went around it three times to find out what the trouble was. The gentleman I am going to nominate is not that type. He goes to the home and examines the person and extends the hand of human kindness. That hand does not rest there, it extends to the whole of humanity. He does not believe that all our medicine should be controlled by the state. He believes in the plain practice of medicine and I am sure that if he is elected President of this Society, the plain practitioner of plain human medicine will be brought to a high plane.

I am sure the Society will do itself honor in electing him, and I have the pleasure of presenting to you the name of Dr. Charles C. Clancy, of Port Huron. (Applause).

Dr. FREDERICK W. ROBBINS, Detroit: I wish I had the ability to come before this body and present what I have to say in that delicate, sweet manner which Dr. McLean has already offered: I come to second the nomination of Dr. West. I have been asked in the last few weeks very often to use what little influence I have for the election of some man, but it is not easy to do because I know nothing about the man except that he wanted the position, but when I come here to use what little influence I have to make Dr. West the President of this Society I do not do it because I was requested to do so, but because of what I know of Dr. West. I do not think that the Sons of the American Revolution should be classed above those who are not Sons of the American Revolution, but I do wish to say that Dr. West came under the supervision and careful training of our old friend, Dr. McGraw, and I think obtained splendid knowledge and many of those excellent principles which many of you remember as having been the possession of Dr. McGraw. Dr. West, during the later stages in the last century, under the training of Dr. McGraw, was put somewhat under my tutelage. Indeed, I slept with him and taught him how to smoke. You should have seen him the first time he smoked. (Laughter). I knew Dr. West so thoroughly in my office in Detroit that I came thoroughly to appreciate the strength of his character and the possibilities of his future development. I am sure he will make an excellent President, if elected. (Applause).

Dr. EDW. SAWBRIDGE, Stephenson: I consider it an honor to second the nomination of Dr. West for President. I have known Dr. West intimately for thirty-five years. No man in the Upper Peninsula stands higher as a man and a physician, and no one has done more for the profession than has Dr. West. You gentlemen will make no mistake if you elect him. (Applause).

Dr. CHARLES B. STOCKWELL, Port Huron: I rise to second the nomination of Dr. Clancy, of Port Huron. Being associated with him for many years, I have learned to have the very highest appreciation of his ability and of his work in the state, in both civic and medical matters, in our locality. He is always in the van of every good work. He has the training for the position for which we wish his nomination. There is only one thing against him—you may say he is Irish, but not of the Donnybrook-Fair style. He does not go about with his coat tails trailing, daring some one to step on them so that he may wield his shillalah, but he has a kind sense of humor which endears him to his patients and especially to his friends. No man is more highly thought of in our community than Dr. Clancy. No word could you ever hear of criticism or condemnation, nothing but the highest words of praise and honor. We would consider it an honor to us if you will honor him, for we all love him. (Applause).

Dr. W. J. O'REILLY, Saginaw: I think no one in this audience will question the loyalty of Dr. West, but whatever the profession has won in his State is not due to any one man. There is no one man who has first claim to any office in this organization. From long association and friendship I have grown to love and honor my friend, Charlie Clancy. During a long period you have come to honor the best man of the State, you desire the men of the highest executive ability, and

if you elect Dr. Clancy you will have such a man. I deem it a great privilege to support Dr. Clancy.

Dr. A. W. HORNBOKEN, Marquette: I am out for Dr. West, I admit that, and I think every man here will say that the Upper Peninsula should at some time in its existence receive the highest honor within your gift, and that is the presidency of the State Medical Society. In the fifty or sixty or seventy-five years that you have been in existence, we have had the honor twice. The late lamented Dr. Lawbaugh was President once and your humble servant on another occasion. I think you should all consider that the Upper Peninsula in presenting a man as able as Dr. West will have to draw upon you for the vote, because we have very few.

Another point, I consider really that Dr. Clancy, a man whom I admire in many respects, presents one reason why he cannot be a candidate, and that's because he is a Councilor at present. I respectfully ask a ruling from the Chair on this matter.

THE PRESIDENT: One correction regarding your statement, Dr. Hornbogen. We have had three presidents from the Upper Peninsula and the third was Dr. Harrison.

Regarding the other matter, I would rule that unless Dr. Clancy has resigned from the Council he will not be eligible for the presidency. If he has resigned, all well and good. I may be wrong about this and the other side may take an appeal from my decision if they wish. Do you know, Dr. McLean, whether Dr. Clancy has resigned?

Dr. McLEAN: Dr. Clancy, I think, has not resigned, because he has not been looking for this. This is simply some of his friends trying to get him to take it, but I presume he can comply with the request.

Dr. W. J. O'REILLY, Saginaw: There is nothing in the Constitution and By-Laws which prohibits any man holding two offices in the gift of the organization.

THE PRESIDENT: Is that correct, Mr. Secretary?

THE SECRETARY: There is nothing that I know of to prevent Dr. Clancy being a candidate.

THE PRESIDENT: Then I will change my ruling, and state that Dr. Clancy is eligible under the new Constitution and By-Laws. Are there any further nominations?

Dr. BEVERLY D. HARRISON, Detroit: I am naturally interested in the Upper Peninsula, having practised there for many years, and I knew Dr. West then and have known him since. He has always been one of the foremost men in the State and does his duty toward the Society in all circumstances. When I was elected president I think it was largely because the man nominated against me had not resigned. I do not know what the Constitution provides for, but I know that some two years ago it was generally accepted throughout the State that it was the turn of the Upper Peninsula to be represented in the presidential chair. These two years have gone by and I think it is only fair to the Upper Peninsula that it receive the nomination this year.

Dr. ALEXANDER J. MacKENZIE, Port Huron: I wish to second the nomination of Dr. Clancy in very few words. 'Tis true he is an Irishman, but he never kissed the blarney stone. He is a man of keen wit, keen judgment, and if he is made president of the Society you will honor and like him. He will ever support the work of the humblest practitioner on the dirtiest cross-roads in Michigan.

On motion duly seconded and carried the nominations for President were closed.

The Secretary announced that arrangements for a ballot box would be made immediately and that all members who had registered at this meeting were entitled to vote.

On motion duly seconded and carried the First General Session was declared adjourned.

SECOND GENERAL SESSION

The Second General Session of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Bijou Theatre, Mount Clemens, at 7:40 p. m., Wednesday, September 10, 1924, by the President, Dr. Guy L. Connor, Detroit.

Dr. Connor then introduced Dr. George L. LeFevre, President of the State Board of Registration, Muskegon, who addressed the Society on "Our Hospital Obligations."

(See Original Articles.)

Dr. Connor next introduced the President-Elect of the American Medical Association, Dr. William D. Haggard of Nashville, Tennessee, who spoke on "The Profession's Relation to the Public."

DR. HAGGARD: It is a very great privilege, perhaps the greatest privilege, of the President of the American Medical Association to visit in a somewhat official capacity the various Societies of the country, of which we think the Michigan State is one of the greatest. I have for a long time been familiar with the great men produced by this State, and I am not unmindful of the fact that there is none greater than the distinguished father of your President, than whom there was no greater in the State of Michigan. I disagree with the statement that has been made that Michigan has not done its entire duty and furnished its complete quota to the American Medical Association. You have a very excellent Journal and you have a very live, and one of the best beloved Secretaries that any State has. (Applause.) If I might tell an inside secret I might say that if the American Medical Association had its way we would be very happy to wean him away from you and give him to the national society for all time to come.

There was a time in Tennessee when we would rather have seen his Satanic Majesty himself than a man from Michigan, during those years from sixty-one to sixty-five, but we have come to know you better now, having fought through two wars with you and found you excellent buddies. I think the fact that your coach and our coach at Vanderbilt married two Tennessee sisters may have something to do with this, and we feel very proud, sir, when the Michigan football team comes to Tennessee and is so generous as not to score against Vanderbilt. (Laughter and applause.)

I believe it was the same when one of the students at Vanderbilt was being examined in medicine and was asked among other things, "What is typhoid fever, and how would you prevent it?" He answered that all right and the next thing was, "What is smallpox, and what would you do for it?" He answered that all right, and then came, "What is rabies, and what would you do for it?" and his answer to that was, "Rabbis are Jewish preachers and I wouldn't do a damned thing for them." (Laughter and applause.)

I wish to take up something that seems to me of very great importance in our professional life, because after all it is not in the laboratory, not in the sick-room and at the bedside alone that we must do our work, but to the public and for the public that we must do our work, and that our great work must be done, and I will, with your permission, sir, dwell on just a few of them.

(See Original Articles.)

Dr. Connor thanked Dr. Haggard on behalf of the Society for his very delightful and interesting address, and upon motion duly seconded and carried, declared the meeting adjourned.

THIRD GENERAL SESSION

The Third General Session of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Bijou Theatre, Mount Clemens, at 1:40 p. m., Thursday, September 11, 1924, by the President, Dr. Guy L. Connor, Detroit.

REPORT FROM HOUSE OF DELEGATES

Dr. F. C. Warnshuis, Secretary, reported that the count of the ballot for President had resulted in the election of Dr. Charles C. Clancy of Port Huron, Dr. Clancy having received 181 votes and Dr. West, 117.

Dr. Connor then declared Dr. Clancy duly elected President for the ensuing year, and requested Dr. Folsom of Mount Clemens, and Dr. Dodge of Big Rapids, to conduct Dr. Clancy to the platform.

DR. CONNOR: It gives me unusual pleasure to stand up here and present Dr. Clancy to you. (Prolonged applause.)

DR. CLANCY: I presume it would be but following the presidents of the past if I were first to express my appreciation at the honor of being elected President of the Michigan State Medical Society. I acknowledge that honor and, naturally, I appreciate it as any physician would. I appreciate the fact of being selected for this office, but I want to say to you that aside from all that my mind is more or less filled—sometimes rather painfully filled, with a realization of what this office demands of its occupant. The presidency of the Society I take it, ladies and gentlemen, is not that one

simply may serve and appear as a hook upon which an honor has been placed, an attempt to live in the sunshine of idleness and uninterest in the affairs of the Medical Society of this State. I believe it demands hard work. I believe it demands time, a lot of expenditure of time during the term of office, and if that office is to be of any service to you, then you must assist the President in his endeavor to carry out your wishes. I cannot meet the requirements—I am quite unable to make the administration of the coming year a success unless I am supported by your hands, and I ask of all of you, of all the physicians in the State of Michigan, a kindly interest in my, perhaps faltering, efforts—I do not know, but in the work that I am trying to do I ask for your earnest and kindly assistance in every way and I trust that when I appeal to you either individually or in groups for assistance and for direction, for counsel, you will not hesitate to grant it to me. If any success should come to the administration that we are now beginning it is important, not to me alone, but to all the members of the Society, and I hope you will each take it as a personal matter. I promise to do that which I can to promote the interests of the Michigan State Medical Society, and I ask your assistance. (Prolonged applause.)

The Third General Session of the Michigan State Medical Society, so far as I know, has completed its work as a general session, but a wonderful scientific program is to be put on this afternoon. This program is a splendid exposition, and unless there is some objection I will declare the General Session of the Michigan State Medical Society adjourned and ask that the scientific session be taken up. I will request Dr. B. N. Colver of Battle Creek to preside over the scientific session.

DR. B. N. COLVER, Battle Creek: When the officers of the various sections and the Secretary of the State Society met in Kalamazoo last spring to discuss plans for this meeting someone suggested that it might be well to have the plan rather reversed and have a general meeting of general interest in the afternoon of the last day. This plan was adopted and we have attempted to put on something of interest to the men in every section. A committee was appointed and we looked over the field of the United States to see whom we could get to give us something of that nature. There were a number of internists in the United States who were unanimous in recommending to us Dr. Emanuel Libman of New York City as a speaker of international reputation, one who would bring to us something of interest to all. We have been very happy in securing him and have asked each of the sections to select a man to respond to his discussion of "General Infections by Bacteria." I

take much pleasure in introducing to you Dr. Emanuel Libman. (Applause.)

(Abstract of Dr. Libman's address to be published.)

PROCEEDINGS OF THE HOUSE OF DELEGATES

The first session of the House of Delegates of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Methodist Church, Mount Clemens, at 2 p. m., on Tuesday, September 9, 1924, by the Speaker, Dr. Carl Moll, Flint.

ROLL CALL

Dr. Henry Cook, Chairman of the Credential Committee, stated that Dr. Welsh wished to take the place of Dr. A. V. Wenger of Grand Rapids, but had no credentials. That Dr. W. J. O'Reilly, Saginaw, had not brought his credentials, although he was duly listed in the program as a Delegate to the House. That Dr. W. C. Garvin of Tuscola County had the credentials of another man, who had transferred them personally to Dr. Garvin.

The Secretary said that he held in his hand the signed roll call of thirty-two Delegates, and moved that this constitute the roll call for this meeting. Seconded and carried.

ROLL CALL—HOUSE OF DELEGATES—THREE SESSIONS

Doctors G. C. Nicks, Jackson County; D. Emmett Welsh, Kent County; Walter Den Bleyker, Kalamazoo County; W. J. O'Reilly, Saginaw County; John A. Messinger, Washtenaw County; H. D. Barss, Washtenaw County; A. D. Wickett, Washtenaw County; H. M. Malejan, Wayne County; J. A. Kimzey, Wayne County; G. A. Hafford, Calhoun County; Harlen Mac Mullen, Manistee County; L. W. Toles, Ingham County; Robert C. Moehlig, Wayne County; J. Hamilton Charters, Wayne County; Harry F. Dibble, Wayne County; E. G. Martin, Wayne County; John B. Rieger, Wayne County; C. Hefron, Lenawee County; Charles T. Southworth, Monroe County; E. B. Minor, Leelanau County; Frank C. Starkey, Wayne County; H. B. Garner, Wayne County; Hugh A. Stewart, Genesee County; W. T. Dodge, Mecosta County; L. J. Crum, Kalamazoo County; C. S. Gorsline, Calhoun County; J. D. Brooks, Kent County; H. R. Carstens, Wayne County; T. S. Buesser, Wayne County; J. H. Dempster, Wayne County; Alex J. MacKenzie, St. Clair County; B. N. Davey, Ingham County; Henry Cook, Genesee County; J. C. Benson, Genesee County; W. Elwood Tew, Gogebic County; Harry E. Shaver, Antrim, Charlevoix, Emmett Counties; W. C. Garvin, Tuscola County; A. W. Hornbogen, Marquette, Alger Counties; Lewis W. Knapp, Genesee County; W. C. Garoni, Tuscola County; J. F. Pinkham, Ionia-Montcalm Counties; John B. Rieger, Wayne County; G. H. Southwick, Kent County; J. Emmett King, Wayne County; D. J. O'Brien, Lapeer County; Charles F. DuBois, Gratiot-Isabella Clare Counties; Charles F. Kuhn, Wayne County.—47.

The Speaker then announced that a quorum was present and declared the House duly constituted for the transaction of business.

Dr. C. T. Southworth, Monroe, moved that Dr. O'Reilly be seated as a Delegate from Saginaw County.

Motion seconded and carried.

Dr. J. D. Brook, Grandville, moved that Dr. D. E. Welsh be seated as a Delegate from Kent County.

Motion seconded and carried.

Dr. A. W. Hornbogen, Marquette, moved

that Dr. William E. Tew of Bessemer, be seated as Delegate from Gogebic.

Motion seconded and carried.

Dr. C. T. Southworth, Monroe, moved that Dr. Garvin of Millington be seated as a Delegate from Tuscola County.

Motion seconded and carried.

SPEAKER'S ADDRESS

Speaker Moll then requested the Vice-Speaker, Dr. Joseph E. King, to take the Chair, while he delivered the Speaker's Address.

This address was automatically referred to the Business Committee.

PRESIDENT'S REMARKS

Mr. Speaker, Members of the House: This is the first time I have stood before you. I have always sat on a seat among you and listened to the other presidents' rather long talks. I have nothing special to give you. Your program is rather heavy, not only with the usual routine, which is usually enough to take care of, but in addition this year you have to act on the new Constitution and By-Laws, whether you accept, or reject, or modify the form that has been presented.

I will not detain you any longer, but give you a chance to get down to business at once. (Applause.)

APPOINTMENT OF BUSINESS COMMITTEE

The Secretary stated that the Speaker had appointed the following gentlemen to constitute the Business Committee:

Dr. W. T. Dodge, Big Rapids.
Dr. L. W. Toles, Lansing.
Dr. E. B. Minor, Traverse City.
Dr. C. T. Southworth, Monroe.
Dr. H. A. Luce, Detroit

ELECTION OF NOMINATING COMMITTEE

The following gentlemen were duly nominated and balloted upon:

Dr. A. W. Hornbogen, Marquette.
Dr. J. Benson, Flint.
Dr. J. D. Brook, Grandville.
Dr. H. F. Dibble, Detroit.
Dr. G. A. Hafford, Albion.
Dr. W. C. Garvin, Millington.
Dr. J. H. Charters, Detroit.

The Speaker appointed the following gentlemen to act as Tellers:

Dr. Harry Malejan, Detroit.
Dr. J. A. Kimzey, Detroit.
Dr. C. S. Gorsline, Battle Creek.

After the ballot was counted Dr. Kimzey announced that the following five gentlemen had been duly elected as the Nominating Committee:

Dr. A. W. Hornbogen, Marquette.
Dr. J. D. Brook, Grandville.
Dr. H. F. Dibble, Detroit.
Dr. J. Benson, Flint.
Dr. W. C. Garvin, Millington.

REPORT OF COMMITTEE ON REVISION OF THE CONSTITUTION AND BY-LAWS

Dr. O'Reilly, Saginaw, moved that the Constitution and By-Laws be taken up, article by article, and that each article be read in full and passed upon before proceeding with the next.

Motion supported and carried.

The Speaker ruled that no delegate would be allowed more than two minutes to discuss each article, and that no delegate could discuss the same article a second time.

Dr. J. G. R. Manwaring, Chairman of the Committee, stated that he had been away for several weeks and for that reason had not been able to reply to several communications which had been sent him regarding the revision, and then proceeded with the reading of the Constitution.

Article 1: Adopted as read.

Article II: Dr. J. B. Jackson, Chairman of the Council, stated that the Council had spent considerable time in a consideration of the proposed revision of the Constitution and By-Laws, and on behalf of the Council he offered the following substitute for Article II, and moved that it be accepted:

"The objects of the Association are to promote the science and art of medicine and the betterment of public health."

Dr. Jackson's amendment was supported and upon a rising vote of the House was carried.

Article III: Section 1—Upon motion duly seconded and carried the word "Council," was substituted for the words "House of Delegates" in the last line of this Section.

Article IV. Section 1—Upon motion duly seconded and carried the word "Delegates" was stricken out, this Section to read, "This Society shall consist of members and honorary members."

Section 2—Upon motion duly seconded and carried the words, "citizens of the United States" and the last sentence of Section 2 were stricken out, this Section to read, "The membership of this Society shall consist of members in good standing in the component County Medical Societies whose annual assessments to this Society have been paid."

Section 3—Upon motion duly seconded and carried this Section was stricken out, the following Sections to be automatically renumbered.

Section 4—Upon motion duly seconded and carried this Section was stricken out and the following substitute was unanimously adopted:

"Only members in good standing shall participate in the deliberations and activities of the annual meeting."

Section 5—Adopted as read.

Section 6—Upon motion duly seconded and carried the words "seats and" in the fourth line were stricken out, this Section to read, "Delegates to this Society from any State Society entitled to representation in the American Medical Association shall, by presenting certificates of delegation duly signed, be entitled to participate in the scientific work of this Society. They shall not be entitled to vote, to hold office, nor be eligible to membership."

Section 7—Adopted as read.

Section 8—Adopted as read.

Section 9—Adopted as read.

Section 10—Adopted as read.

Article V: Section 1—Upon motion duly seconded and carried the last clause of the last sentence was stricken out, this Section to read, "The

legislative powers of the Society shall reside in the House of Delegates. The House of Delegates shall transact all the business of the Society not otherwise specifically provided for in this Constitution and By-Laws and shall elect the general officers excepting the President. The House of Delegates shall adopt rules and regulations for its own government and for the administration of the affairs of the Society."

Section 2—Adopted as read.

Section 3—Adopted as read.

Section 4—Adopted as read.

Article VI: Section 1—Upon motion duly seconded and carried the words "House of Delegates" were stricken out and the word "Council" substituted, this Section to read, "The Society shall hold an annual meeting at such time, place and duration as the Council may determine. The sessions shall be open to all registered members, delegates and invited guests."

Section 2—Adopted as read.

Section 3—Adopted as read.

Article VII: Section 1—Adopted as read.

Section 2—Upon motion duly seconded and carried this Section was referred back to the Committee for further revision, to be reported at the next session of the House.

Section 3—Upon motion duly seconded and carried the second sentence was stricken out, this Section to read, "The officers of this Society shall be elected on the last day of the annual session. No person shall be elected to any such office who has not been a member of this Society for at least five years."

Section 4—Upon motion duly seconded and carried this Section was referred back to the Committee for further revision, to be reported at the next session of the House.

Article VIII: Section 1—Adopted as read.

Section 2—Adopted as read.

Section 3—Adopted as read.

Section 4—Adopted as read.

Article IX: Section 1—Upon motion duly seconded and carried this Section was stricken out and the following substitute was unanimously adopted: "The Annual Membership dues shall be \$10.00 per year, payable on or before April first of each year. Annual dues shall be remitted to the State Secretary through the office of the County Secretary wherein a member is affiliated."

Section 2—Upon motion duly seconded and carried this Section was stricken out and the following substitute was unanimously adopted:

"Funds of the Society shall only be disbursed on order or action of the Council, and disbursement of funds shall only be made by voucher signed by the Chairman of the Council, Secretary and Treasurer. No single officer, Councilor or Committee, shall have authority to disburse any of the Society's funds."

Section 3—Adopted as read.

Section 4—Included as last clause of new Section 2.

Section 5—Upon motion duly seconded and carried this Section was stricken out.

Article X: Upon motion duly second and carried this article was stricken out, the following Articles to be automatically renumbered.

Article XI: Adopted as read.

Article XII: Adopted as read.

Article XIII: Section 1—Adopted as read.

Section 2—Adopted as read.

BY-LAWS

Chapter 1—Membership.

Section 1—Upon motion duly seconded and carried the words "at the option of the County So-

ciety" were added to the second paragraph, this second paragraph to read, "Any member in arrears for dues to the amount of one year or more may regain membership either by paying up all back dues or by being again elected to membership, at the option of the County Society."

Section 2 and 3—Upon motion duly seconded and carried these Sections were stricken out and the following substitute for Section 2 was adopted: "Members shall register at each Annual Session."

Chapter II—General Meetings.

Section 1—Upon motion duly seconded and carried the words "one of the Vice-Presidents" were added to the last sentence, this Section to read, "The General Meetings shall include all registered members and delegates who shall have equal rights to participate in the proceedings and to vote on pending questions. Each General Meeting shall be presided over by the President or, in his absence, by one of the Vice-Presidents."

Section 2—Adopted as read.

Section 3—Adopted as read.

Chapter III—House of Delegates.

Section 1—Adopted as read.

Section 2—Adopted as read.

Section 3—Adopted as read.

Section 4—Adopted as read.

Section 5—Upon motion duly seconded and carried the second sentence was stricken out and the words "who shall be the Secretary of the State Society" were added to the first sentence, this Section to read, "The officers of the House of Delegates shall be Speaker, Vice-Speaker and Secretary, who shall be the Secretary of the State Society."

Section 6—Upon motion duly seconded and carried items (f), (h) and (i) were stricken out, and the words "appointed by the Speaker" were added to item (m), this item to read, "It shall have the following standing and business committees, appointed by the Speaker."

The other items of Section 6 were adopted as read.

Chapter IV—Sections.

Sections 1, 2, 3, 4, 5, 6, and 7 adopted as read.

Chapter V: Election of Officers.

Section 1, 2, and 3 were adopted as read.

Section 4—Upon motion duly seconded and carried the word "elected" was substituted for "appointed" in line 1, and the word "House" was substituted for "Speaker" in line 2, and the last sentence stricken out, this Section to read, "A nominating committee shall be elected by the House. The duty of this committee is to nominate candidates for the office of Vice-Presidents, Delegates and Alternates to the American Medical Association and all other officers that may be hereafter provided for. It shall report to the House of Delegates nominations for Councilors as made by the majority vote of the delegates from their respective districts."

Sections 5, 6 and 7 were adopted as read.

Chapter VI: Duties of Officers.

Sections 1, 2 and 3 were adopted as read.

Section 4—Upon motion duly seconded and carried the words "and the instructions of the House of Delegates and Council" were stricken out of item 8, this item to read, "He shall superintend the making of all arrangements for the holding of all meetings, in compliance with the Constitution and By-Laws."

Chapter VII: The Council.

Section 1—Adopted as read.

Section 2—Upon motion duly seconded and carried this Section was stricken out, the following Sections to be automatically renumbered.

Section 3—Upon motion duly seconded and carried the last sentence was stricken out, this Section to read, "Collectively, the Council shall be the Board of Censors of the Society. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a County Society, upon which an appeal is taken from the decision of an individual Councillor."

Section 4—Upon motion duly seconded and carried, this Section was referred back to the Committee for further revision, to be reported at the next session of the House.

Section 5—Upon motion duly seconded and carried the words "and revoke same when necessary" were added, this Section to read, "It shall, upon application, provide and issue charters to County Societies organized in conformity with the spirit of this Constitution and By-Laws, and revoke same when necessary."

Section 6—Adopted as read.

Section 7—Adopted as read.

Section 8—Upon motion duly seconded and carried all but the first sentence was stricken out, this Section to read, "The Council shall approve the expenditure of the funds of the Society."

Section 9—Adopted as read.

Chapter VIII. Standing Committees' Duties.

Sections 1, 2 and 3 were adopted as read.

Section 4—Upon motion duly seconded and carried the words "or any similar organizations" were inserted in the last paragraph, this paragraph to read, "It shall be the duty of this committee to join with representatives of the Medical Department of the University of Michigan, Detroit College of Medicine and Surgery, Michigan State Anti-Tuberculosis Association, Michigan Association Welfare League, State Department of Health, Michigan State Dental Society, Michigan State Nurses' Association, or any similar organizations, for the purpose of carrying out an educational program to enlighten the public of Michigan in regard to scientific medicine."

Section 5—As this Section has not been revised in any way it was adopted without reading.

Chapter IX: Emergency. Adopted as read.

Chapter X: Annual Dues.

Upon motion duly seconded and carried the title of this Chapter was changed to "Members in Arrears."

Section 1—Upon motion duly seconded and carried, this Section was stricken out.

Section 2—Adopted as read. Section 2 to become Section 1.

Chapter XI: County Societies.

Section 1—Upon motion duly seconded and carried the words "Code of Ethics" in line 5 were stricken out and the words "Principles of Medical Ethics" substituted, and the word "shall" in line 6 was stricken out and replaced by the word "will," this Section to read, "All County Societies now in affiliation with the State Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, or with the Principles of Medical Ethics of the American Medical Association, will upon application to the Council, receive a charter and become a component part of this Society, subject to the condition described in Section four of this Chapter. A roster of its officers and members and the annual assess-

ment and subscription to the Journal for each member must accompany the application."

Section 2—Upon motion duly seconded and carried this Section was stricken out.

Section 3—Upon motion duly seconded and carried this Section was stricken out.

Section 4—Upon motion duly seconded and carried all except the first sentence was stricken out, this Section to read, "Only one component medical society shall be chartered in any county." Section 4 to become Section 2, the following Sections to be automatically renumbered.

Section 5—Upon motion duly seconded and carried the following sentence was inserted after the first sentence, "He may continue as a member providing he complies with the provisions of the Constitution and By-Laws of his State and County Medical Societies. In the event that his conduct, actions or professional labors reflect violation of said provisions, and in the event of failure on the part of a County Society to exercise disciplinary action upon him, the Council after due notice and hearing may cause his expulsion." This Section to read, "Each County Society shall be the judge of the qualifications of its own members; but, as such Societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered practitioner of medicine shall be eligible to membership. He may continue as a member providing he complies with the provisions of the Constitution and By-Laws of his State and County Medical Societies. In the event that his conduct, actions or professional labors reflect violation of said provisions, and in the event of failure on the part of a County Society to exercise disciplinary action upon him, the Council after due notice and hearing may cause his expulsion. Before a charter is issued to any County Society, full and ample notice and opportunity shall be given to every eligible physician in the County to become a member."

Sections 5, 6, 7, 8, 9 and 10 were adopted as read.

Section 11—Upon motion duly seconded and carried the words "in the fall, or at the first meeting after January first" in the first sentence, and the entire second sentence were stricken out, this Section to read, "At the annual meeting, due notice having been given, each County Society shall elect annually a Delegate and an Alternate to represent it in the House of Delegates of this Society. The Secretary of the County Society shall immediately send a list of its delegates to the Secretary of this Society."

Section 12—Adopted as read.

Chapter XII. Adopted as read.

Upon motion, duly seconded, the House of Delegates was adjourned until 7:15 p. m.

SECOND SESSION

The second session of the House of Delegates of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Methodist Church, Mount Clemens, at 7:30 p. m., on Tuesday, September 9, 1924, by the Speaker, Dr. Carl Moll, Flint.

ROLL CALL

The Secretary announced that he held in his hand the signed roll of a majority of the House of Delegates and moved that this constitute the roll call for the evening session. Seconded and carried.

The Speaker then announced that a quorum was present and declared the House duly constituted for the transaction of business.

UNFINISHED BUSINESS

Constitution and By-Laws: Dr. J. G. R. Manwaring, Flint, Chairman, submitted the following revision for Article VII., Section 2, of the Constitution:

"Section 2—The President and Vice-Presidents shall be elected for a term of one year. The Secretary-Editor and the Treasurer shall be elected by the Council at its annual meeting in January, and shall hold their offices for one year. The Councilors shall be elected for terms of five years each, providing that the members of the Present Council shall remain in office until their successors are elected, as follows:

"Councilors for Districts Nos. 1, 2 and 3 in 1925; for Districts Nos. 4, 5 and 6 in 1926; for Districts Nos. 7, 8 and 9 in 1927; for Districts Nos. 10, 11 and 12 in 1928, and for Districts Nos. 13 and 14 in 1929. Providing further that a Councilor for the 13th District shall be elected at this session of the House."

Dr. Manwaring explained that as there are fourteen Councilors by this plan three would retire each year, with the exception of one year when, necessarily, but two would retire.

Upon motion duly seconded and carried this Section was adopted as read.

Dr. Manwaring then submitted the following revision for Article VII., Section 4, of the Constitution:

"Section 4—Nominations for President shall be made from the floor of the first General Meeting. He shall be elected by a ballot of the majority present at the second General Meeting of the session. All nominations for Councilor shall be by a majority vote of the delegates from each respective district and shall be reported for election to the House of Delegates through the Committee on Nominations. The delegates from those districts electing Councilors shall be called together by the Secretary at the annual meeting for the purpose of nominating successors to those whose terms expire in that year."

Upon motion duly seconded and carried this Section was adopted as read.

Dr. Manwaring then presented the following, to be inserted as a new Section following Section 4 of Chapter VII of the By-Laws, as at present arranged, to be Section 4 under the new arrangement:

"Section 4—At each annual meeting the Councilors shall report to the House of Delegates the Medical Society work which has been done in their respective districts during the preceding year."

Upon motion duly seconded and carried this Section of the By-Laws was adopted as read.

Dr. O'Reilly, Saginaw, moved that the Constitution and By-Laws as revised and adopted, section by section at this session of the House of Delegates, be adopted as a whole, and that the Secretary be instructed to correlate any disconnected sections and correct grammar where necessary.

Motion seconded by Dr. Hornbogen.

Dr. Crum, Kalamazoo, offered as an amendment to this motion that the Constitution and By-Laws be adopted as revised, with the exception that the yearly fee of \$10.00 for each member be stated in the By-Laws instead of in the Constitution, so that if it should in the future become necessary to raise the annual dues this could be done without a year's notice, which is required by the Constitution. Seconded.

Dr. O'Reilly accepted this amendment and the motion, as amended, was put to a vote and unanimously carried.

ANNUAL REPORTS

Dr. Cowie, Ann Arbor, Chairman of the Advisory Committee of the Pediatric Section, presented the following report, which was automatically referred to the Business Committee.

ADVISORY COMMITTEE—

PEDIATRIC SECTION

To The House of Delegates, Michigan State Medical Society:

The Advisory Committee of the Pediatric Section wishes to make a report on its year's work.

You will recall that at the last meeting we brought in a report on the progress of our work on goitre prevention to that time. We advocated the use of iodine salt. We asked of you and obtained from you permission to proceed with our work and to take up the question of the iodization of salt with the salt producers, and see if we could get their co-operation and whether they thought the plan feasible. The report of our transactions with the salt manufacturers, as you all know, has been published in the Journal.

The salt men heartily co-operated with the committee. Some of them became desirous of putting the salt on the market at an early date and also expressed a desire to have a certificate from the State Society that we had proposed. We informed them that we, as a committee, had no power to give a certificate. We took up the matter with our secretary who called for a referendum vote of the council which resulted unanimously in favor of the proposed certificate, whereupon we issued the following certificate with the understanding that it would continue in effect until the time of this meeting at which time the matter would be brought before the Society in session.

Approval Certificate: This salt contains .01% sodium iodide, the amount approved by the council and advocated by the Pediatric section of the Michigan State Medical Society as a preventative of goitre.

"Individuals using this salt must not take other preparations of iodine without the advice of their physician."

"To be effective this salt must be used for cooking as well as for table use."

Having finished our first year's work and prior to obtaining permission from you to proceed with conferences with the salt producers, we presented our plan to Dr. Olin at the Pantlind Hotel. We now wished to report to him the success we had attained and discuss future plans. Accordingly we sought a conference with him. On March 21st we met with Dr. Olin in a joint meeting of our committee and Advisory Committee on Public Health of the Society in Dr. Olin's office at Lansing.

At this meeting we gave a detailed report of our activities. The following men were present, from our committee: Dr. Cowie, chairman; Dr. Miner, secretary of the committee; Dr. Larned, Dr. Levy, and Dr. Hale of Midland, who had been co-operating with us in the capacity of chemist. From the Advisory Committee on Public Health: Dr. Manwaring, chairman; Dr. Bruce; Dr. LaFevre; Dr. Campbell, and from the State Department of Health, Dr. Olin, commissioner; Dr. Kieffer; Dr. Gowdy; Dr. Slemons, and Judge Carr. The result of this meeting was an agreement between our committee, the Advisory Committee on Public Health and the State Department of Health, that we should recommend that a table salt be put on the market at a popular price, containing from .01% to .02% sodium or potassium iodide.

Immediately after this meeting the salt manufacturers were given the following revised certificate: "This salt contains .01% to .02% sodium or potassium iodide, the amount approved by the council and advocated by the Pediatric section of the Michigan State Medical Society as a preventative of goitre, etc."

Since this time some of the salt producers have used sodium iodide and some have used potassium iodide. It appears that potassium iodide costs about one dollar per pound less than sodium iodide and that its iodine content is a trifle lower than that of sodium iodide. Accordingly the salt men preferred to have a certificate read .02% sodium iodide or its equivalent, which in potassium iodide would be about .022%. For the sake of uniformity of iodide dosage, that is as it should be. We are therefore asking you to authorize a certificate to the salt men which calls for a salt containing .02% sodium iodide or its equivalent. The recommendation of the State Department of Health agrees with this statement.

The larger amount of iodide than was contained in our original certificate having been shown to be perfectly safe, and because of the varying views as to the amount of salt consumed per capita per year, and for the sake of uniformity, the committee is desirous of omitting the words "from .01% to .02%" in our last certificate and insert the words ".02% sodium iodide or its equivalent."

Iodized salt with our original certificate was on the general market March 20th, the day preceding our meeting at Lansing.

To sum up the work of the committee the facts in the case are as follows: The advisory committee of the Pediatric Section of this Society succeeded in interesting and getting the co-operation of the salt producers in the goitre prevention propaganda from the standpoint of rendering a public service.

The salt was on the market March 20th, 1924 with the certificate of the State Society printed on the package.

The iodized salt was put on the market at practically the same price as ordinary table salt.

The committee strongly feels that the medical profession as a body express to the public, through a certificate from the State Society, its advocacy of the general adoption of the use of iodine salt in Michigan for the prevention of goitre.

We propose the endorsement of the following paragraph to be used by the salt manufacturers on their labels:

"This Salt Contains .02% Sodium Iodide or its equivalent. The amount approved and advocated by the Michigan State Medical Society for the prevention of goitre.

"To be effective this salt must be used for cooking as well as for table use.

"Signed—Michigan State Medical Society."

D. W. Cowie, Chairman.

REPORT OF THE COUNCIL

Dr. J. B. Jackson, Kalamazoo, presented the following report of the Council, which was automatically referred to the Business Committee.

The past year has been, on the whole, a successful one for our Michigan State Medical Society. The Grand Rapids meeting was well planned and all arrangements were made for the convenience and pleasure of our members. To the members of the Kent County Society is due great credit for the success of our last annual meeting.

The reports of the Secretary and the Treasurer at the January meeting of your Council were printed in the February number of the Journal. These reports will show that the finances of the society are in good condition. It is also apparent that the amount of \$1.00 per member now available from our annual dues for general society expenses is entirely insufficient for the purpose. Profits from the Journal publication are used to make up this deficit. For the year 1923, this deficit was \$739.13. Profits from the publication of the Journal were \$1,006.96, leaving a net income of \$267.83. Our Secretary Editor asks the question—"Is it a sound financial policy and is it fair to limit our Journal by causing it to assume the financial deficit of the Society?"

Our Secretary's annual report further shows that we closed the year 1923 with the largest paid membership in the history of the Society—the total paid membership being 2,900.

In reviewing the activities of our State Society for the past year especial attention should be called to the fact that the special committee of the Periatric Section has succeeded in getting the Michigan Salt manufacturers to place on the market an iodized salt for the prophylaxis of goitre. This has come as the result of a large amount of investigation and work of this committee. At present it appears to be one of the best constructive pieces of work that our society has accomplished in recent years.

The Joint Committee on Public Health Education has held three meetings during the past year. The work of this committee is steadily increasing in its scope. The report of Dr. W. D. Henderson, secretary of this committee, published in the June number of the Journal, shows for this year 160 per cent increase in attendance over last year, at the lectures held, as a result of the committee's activity. The work of this committee deserves the interest and support of every member of our society.

In connection with the work of this committee the Council wishes again to urge upon the society its responsibilities in connection with the publication of Hygeia by the American Medical Association. This monthly magazine represents the greatest single opportunity for educating the public in medical matters. In presenting plainly to the laity the achievements and progress of medical science a sound public opinion regarding medical matters can be developed. This will do more to defeat the passage of pernicious legislation and the promotion of unscientific cults than anything else that we can do. Every member of this society should have a copy of this magazine on his office

table and county societies should see that it is placed in every public library and school in the state.

We wish also to call the attention of the House of Delegates to the very gratifying report of our Medico-Legal Committee submitted to the council at its January session and printed in the February number of the Journal. There can be no doubt that the work of this committee is one of the most important activities of our Society. In the annual report of the committee the suggestion is made that in some counties a program should be devoted to malpractice suits. The chairman states that he would be glad, on invitation, to visit some county societies and devote an evening to the discussion of this very important matter.

The consideration of the new Constitution and By-Laws is the most important work and the House of Delegates has now to consider the draft submitted by this committee. The council as your executive committee wishes to make certain recommendations concerning this matter. At the January meeting the Council went on record as being favorable to an increase in dues. We feel that the scope of our Journal may be enlarged and the Journal made much more valuable to our membership if the earnings from the Journal are not absorbed for general society expense. Attention has already been called in this report to the fact that the one dollar appropriated from our present \$5.00 dues for general society expense left a deficit of \$739.13 during the year 1923. This amount was taken from the earnings of the Journal thus limiting the work of the Journal.

At the January meeting of the Council the recommendation of our Secretary for the establishing of Educational Medical Clinics for definite districts throughout the State was indorsed. In order to carry out such a plan of district clinics, under the auspices of the State Society, funds must be available for the purpose. In our opinion this plan presents to our society a wonderful opportunity and means for its execution should be provided.

In his annual report to the Council the Secretary Editor made this recommendation—"Create by assessment, contribution and endowment, an Educational Fund so that the earnings of this fund will defray the expenses of the plan of post-graduate education." This recommendation to the Council and this plan of district clinics should receive your careful attention in deciding the amount of our annual dues.

The work of the Joint Committee on Public Health Education is each year widening its scope and for this work more funds will be necessary.

The coming year will again call for renewed activities on the part of our legislative committee. It seems only right that the men who are on this committee should have their expenses paid, for which funds must be provided.

During the past year a County Secretary's Conference was held in Kalamazoo. This conference was well attended and many helpful suggestions were made which should be of benefit to these secretaries in their work. The Council would suggest that such a conference should be made an annual event and that funds should be available for paying the expenses of county secretaries to this conference, when in the judgment of the council the county society is unable to assume this expense. The success of our component societies must depend to a large extent on the work of the secretaries. These men must devote a considerable portion of their time to making the work of their

society a success. It seems only fair to make these conferences available to them without expense of money as well as time.

Under section four, article seven of the proposed Constitution is provided that Councilors shall be nominated by the majority vote of the delegates from the respective Councilor districts. This we believe is a much better plan than the present one of leaving the selection of Councilors to a nominating committee. We believe it might be well to make specific provision for the organization of the delegates from each Councilor District and outline rules for the procedure in the nomination of Councilor.

The Council recommends that, in accordance with the recommendation made by Dr. Olin West, secretary of the Journal, the State Society should have some authority in determining who shall become its members. It would seem unwise to delegate this authority entirely to the component county societies. This matter should be cared for in our new Constitution and By-Laws.

The Council would further recommend that a definite course of procedure should be outlined whereby an individual denied membership in his County Society may appeal to the State Society for membership. Under chapters III and VII, of the proposed by-laws, this matter is provided for. We would suggest an additional chapter outlining more specifically the course of procedure by which such appeals may be made to the Council and to the House of Delegates.

The Council would suggest that some provision should be made in the by-laws for the revocation of a charter of the County Societies that exist in name only. County Societies that have only a small percentage of eligible physicians in their membership and that do not hold regular meetings should not be allowed to exist in name only. Affiliation with the State Society should imply a definite responsibility on the part of the component society to engage in active society work.

We would further recommend that the time and place of the annual meeting be determined by the Council.

The Council would recommend that provision be made in the Constitution that the House of Delegates should be the legislative body of our society while the executive function should be retained by the Council.

The council is in favor of the State Society employing a full time executive secretary to promote the work of the society. This would also require more funds to be provided by annual dues.

The report of the Advisory Committee on Public Health, made to the House of Delegates at the Grand Rapids meeting was referred to the Council to be reported on at a later date at the January meeting of the Council. The Council expressed its approval and appreciation of the work of this committee and voted that the committee be directed to continue its activity to bring about a greater degree of co-operation between the State Society and the State Department of Health. The Council further cited that the Advisory Council, as suggested in the report of the Committee to the House of Delegates, be not formulated in view of the fact that such an organization is already in existence as represented by the Joint Committee on Public Health Education.

The Council also authorized the Publication Committee to make available from one to four pages of reading space in each issue of the Journal and that the State Department of Health be requested to utilize this space for the dissemination of information to the profession upon Health

matters, the Publication Committee to exercise its right of censorship of copy submitted.

J. B. JACKSON, Chairman.

COMMITTEE ON TUBERCULOSIS

Dr. W. H. Marshall, Flint, presented the following report, which was automatically referred to the Business Committee.

The House of Delegates, The Michigan State Medical Society:

In considering a survey of the tuberculosis situation in Michigan, your Committee wishes to emphasize the fact that, while all honor for success in combating tuberculosis in our State falls ultimately to medical men, the responsibility for any continued inadequacies in that field also rests with us. We are obligated to advise and guide the public in the means of combating this disease by public measures. It is well for us from time to time to review state laws, and the effectiveness of public institutions for the diagnosis, care and treatment of tuberculosis patients. Your Committee, therefore begs leave to draw your attention to some of these problems.

No physician familiar with tuberculosis any longer believes that it is necessary or even advisable to send tuberculosis patients south or west to get well. When such advice is given to patients who are not moderately wealthy, the physician giving it is doubly wrong; there is no scientific basis for his advice, and further, he is uninformed on conditions of the district to which he sends his patient. Michigan physicians recently were scored by the result of a survey, made by the National Tuberculosis Association, of indigent consumptives who are stranded in some of the more popular resorts. Only five other States were given as "home" by such unfortunates more often than Michigan. The physicians of this State should correct the mistaken notions about the south and west which apparently hold among the laity, for it would seem that the part played by climate in the cure of tuberculosis is greatly over-exaggerated in the public mind.

Your Committee have considered the facilities for treatment which are now available in Michigan, exclusive of private institutions. A recent study of the Michigan tuberculosis sanatoria, by Dr. H. A. Pattison of the National Tuberculosis Association, reveals a decided lack of beds in our State, as well as mediocrity, or even downright inefficiency on the scientific side of some of our institutions. There are exceptions which in contrast stand out brilliantly. The work done at our State Sanatorium is of a high order, but the institution does not meet the requirements of the State, and is in need of funds for improvement and expansion. Of the nine County Sanatoria of the State, only three have full-time medical superintendents. These are in the Upper Peninsula. Without a full-time man no sanatorium can be placed in Class A.

An absurdly low standard for capital investment in County Sanatoria has been adopted by our Legislature. The law provides that a sanatorium, which may receive State aid for maintenance, must have at least \$10,000 in buildings and grounds. The latest figures show that but six institutions in Michigan could meet this requirement. Moreover, our State spent but \$18,000 during a period, and for a purpose, which drew \$225,000 from Wisconsin and \$184,000 from Minnesota.

A study of the proper ratio of beds to deaths places them at a number equal to the number of deaths annually. Michigan had 20,400 living cases reported in 1923 and about 2,800 deaths. Therefore we should have about 3,000 beds. We have actually only 2,300,

and of that number only a few hundred measure up to Class A standards.

Most of the County Sanatoria have vacant beds for long periods each year. It is not surprising that there should be so little demand for care in these places, in fact, it is surprising that there is any demand. Some County Sanatoria are the last resorts of the consumptive, as places to die in. Moribund cases, usually indigent, are consigned to these places, and as the reputation for many deaths becomes generally known, patients refuse to enter them. Our tuberculosis sanatoria should always be of such high standing that consumptives will make them their first resort rather than their last.

We have made a serious psychological mistake in locating so many of these County Sanatoria on poor farm grounds. While perhaps 90 per cent of sanatorium patients are not pay cases, these people are not paupers in the sense of the poor farm inmate. They have been impoverished by illness and will return to self-sufficiency if they regain their health. Rather than acknowledge publicly that they are paupers, they will refuse treatment in the poor-house type of sanatorium.

Time will not permit to outline the proper location, equipment and management of an ideal sanatorium. But we do believe that even with modern appliances for the diagnosis and care of tuberculosis, an institution is not effective without a full-time medical superintendent, who has made an exhaustive specialized study of the disease with which he deals. We are deluding ourselves and the public if we believe that a physician in private practice can effectively manage a sanatorium by running out occasionally to look over the cases. Specially skilled men in sanatoria are a distinct asset to the profession of their district, for they can stimulate medical activity among the local men as consultants, and as teachers of chest diagnosis, especially in connection with a local diagnostic clinic.

Your Committee believes that certain Michigan laws relating to the care of the tuberculous should be revised. The present minimum capital investment required for State aid, namely \$10,000, should be wiped out and State aid allowed on a basis of efficiency. The clause limiting State aid for the operation of institutions which now makes \$3,000 the maximum amount to be received by any one county, should be wiped out. We believe that not only should the State pay half the actual cost of caring for tuberculous indigents, but it should also offer State aid toward the building of a limited number of additional institutions. This would promote the building of a number of good sanatoria of sufficient capacity and serving enough territory to make possible the best kind of medical and social service work.

In promoting the earlier diagnosis of tuberculosis, this body alone must struggle with the short-comings of its members. The Michigan State Tuberculosis Association, in the attempt to organize local permanent diagnostic clinics, has had difficulty in procuring local examiners who are qualified to do good chest work. As the success of the tuberculosis campaign rests with the general practitioner, we must help him in his diagnostic problems. In discussing the problem with Professor Warfield, he suggested the establishment of an annual summer course on diseases of the chest. Two weeks could profitably be spent at Ann Arbor in the study of physical diagnosis, in a review of the pathology of tuberculosis and in the consideration of immunity problems. The last two weeks could well be given in the wards at Howell or at Northville, devoting the entire time to the diagnosis and treatment of tuberculous cases. Such a course would easily rival those given at Saranac Lake

or Colorado Springs, and would not be as expensive to the practitioner.

The Michigan Tuberculosis Association, now doing such splendid work under the able supervision of T. J. Werle, is ready to establish diagnostic clinics in many communities of the State where there is now no such service. This is very important work as 75 per cent of our counties have no permanent clinics. These travelling clinics might well be changed and their scope enlarged. We would suggest that the University Extension Division provide good teachers of chest diagnosis to conduct these clinics for two or three days at a time. The local doctors might pay a small fee, bring in cases with various chest conditions, and receive in return training in the proper methods of eliciting physical signs and in the accurate interpretation of the same. This kind of work is being successfully done by the Extension Division of the University of Wisconsin.

Clinics are essential for the follow-up care and supervision of ex-sanatorium patients. At present, in many instances, these people are dumped back in their old surroundings, poorly fitted for the struggle for existence. Moreover, the nursing personnel of the clinic can do most efficient work in the rounding up of contacts. Sir James Fowler pertinently remarks that "if we had been more concerned with contacts and less with tuberculin, things would have been better." And in this connection, we believe that local Tuberculosis Societies would be more effective if they confined their attention to known cases and to contacts rather than spreading out their efforts over the whole field of public health.

W. H. Marshall, Chairman.
Frank J. Sladen.
B. A. Shepard.
A. Nyland.
H. Rich.
I. L. Spalding.

REPORT OF COMMITTEE APPOINTED TO CONSIDER PLANS FOR PROMOTING PERIODIC HEALTH EXAM- INATIONS

The House of Delegates, The Michigan State
Medical Society:

The origin of your Committee is indicated in the attached correspondence. Your Committee is pleased to report that it met at Lansing, Michigan, on Thursday, June 19, 1924, with Mr. Theodore J. Werle, representing the Michigan Tuberculosis Association. The proposal to undertake a campaign to promote periodic health outform the basis of this preliminary report.

The profession of this State must be cognizant of the fact that there has recently been a wide-spread propaganda for periodic examinations with the hope of adding to the span of human life. The American Medical Association has endorsed the movement and has prepared a circular dealing with the scope of the examination, as well as history sheets for the physician's use. The medical editors of newspapers have kept the subject before the public, and as a result the laity has been manifesting an increasing interest in the idea, which is analogous to the period stock-taking of the merchant, or the regular overhauling of an automobile. A few medical societies have given it serious attention, especially the Medical Society of King's County, Brooklyn, New York, whose methods should be studied by every one really interested in the subject. Your Committee therefore feels that there is a growing public demand for such service.

Already the field has been invaded by commercial organizations, who agree this service for a stated sum per annum, only part of this fee going to the physician who makes the examination. The effect of

this on the independence of the physician is obvious, and the expense to the public is much greater than is necessary, for these organizations are prospering and are paying good dividends. Clinical groups are undertaking this work and often render good service, although their findings are not always correlated satisfactorily.

We may properly ask, why has all this come about? We feel that the private physician, with his multitude of cares, has again neglected an opportunity. The layman is too apt to look upon his family physician as only needed and fitted to meet emergencies. He does not seem to realize that many doctors have much broader outlook. We feel that nothing should be endorsed by our Society in this matter which would in any way undermine the patient's confidence in his family physician. His acquaintance with his patient's constitution, with his environment, and with his problems, is a valuable background for any clinical picture. We therefore believe that the proper person to make these examinations is the family physician, who, if he finds, after a careful examination, that he needs more help, will supplement his findings with those of local specialists, such as laboratory men, roentgenologists, etc. It does not appear that the technique of health examinations is materially different from that of ordinary history taking and physical examination.

However, your Committee begs leave to dwell for a moment on the obligations such a campaign will impose upon the physician. It is a well known axiom among advertisers that a poor product will eventually be eliminated from the markets by the advertising which will make the sale of a good product successful. The principle is simple enough—advertising influences people to buy. If many people are influenced to buy the poor product, there will be many people to testify later how poor it is. The advertising is said to "boomerang." The analogy here is plain. A campaign urging people to seek out their physician and, though apparently in good health, have him carefully examine them in order that the earliest symptoms of disease might be detected, presumes that all physicians are capable of giving such an examination. Discussing this subject with an intelligent layman who patronizes a medical group for such examinations, we elicited the reply that he found the average doctor too slipshod in his methods. Your Committee feels that the physicians of our State, as individuals, as County Societies, and as members of a great State Society, should concentrate much attention and effort, to stimulate each doctor to acquire that high degree of skill which examinations of the apparently well, without marked pathological changes, would seem to require. If the medical men of the State do not, as a body, endeavor to improve their service wherever possible, if they do not readily and universally observe the comparatively high standards for this work which the public is learning to expect, it is not unlikely that this campaign will in the end "boomerang" also. Your Committee begs leave to point out, therefore, that such a campaign offers an excellent stimulus to the men of our profession for perfecting themselves in physical diagnosis. We respectfully urge that the Michigan State Medical Society unhesitatingly grasp this opportunity to co-operate with the Michigan Tuberculosis Association somewhat in the manner respectfully submitted herewith.

With the physicians:

1. To improve the history taking and diagnostic methods of the physician, we suggest that each County Society devote an entire program to this topic.

2. Further, a master clinician might be selected to give a demonstration of such work at the meeting of the State Medical Society much after the plan in which diagnostic clinics are conducted at the meet-

ings of the American Medical Association. In such ways our members would be prepared to do these examinations in a satisfactory manner. May we not hope to inspire in each of our members the feeling of obligation to give just as good an examination as the next man?

3. We believe that we should agree upon a standard examination blank. The form published by the A. M. A. is cheap and handy. However, many of the questions on the first page of this form are rather indefinite and their purpose seems rather vague to one who has read them as filled out by the average layman. The form used by the Brooklyn Society is admirable.

4. Leaflets explaining the subject in an attractive manner should be prepared and furnished at cost by the State Society. These could be kept on the doctor's table for distribution to his patients, and they could also be distributed by various agencies. The Michigan Tuberculosis Association has offered financial and other assistance in the preparation and distribution of circular matter.

With the public:

The question of how the public may best be reached, demands much thought. The average County Medical Society is too small a unit to finance an expensive local advertising campaign. The State Society might well appoint a committee, preferably of experienced health officials, to prepare propaganda. They might give to the press, brief attractive editorials on this topic, and supply material to various newspaper syndicates. The Michigan Tuberculosis Association, with its many field workers, are willing to help. Other public health agencies, the University Extension Bureau, dinner clubs, etc., might easily be interested. At certain public lectures, such as those given under the auspices of the T. B. Association, men and women might be prevailed upon to indicate, by signing their name to cards provided for the purpose, that they are convinced of the value of regular physical examinations. We must not forget the pediatric aspect of this program and we believe that intelligent parents will in the future be educated to have periodical physical examinations of their growing children. On such cards, the layman would be expected to give the name and address of the physician he wishes to do the examining and the month of his birthday. These cards would be returned to a central clearing station and filed by months of birthdays indicated. For numerous practical reasons the slogan, "Have a health examination on your birthday" is a good one to adopt. From this central agency, postcard birthday reminders are mailed out each month to the signators of cards falling due on that month, recalling their promise to be examined.

Your Committee hesitates to give here, lengthy details of the plan of work as it was discussed and tentatively approved. However, your Committee is convinced of the feasibility of the suggestions which were considered, and of the plan for co-operation with the Michigan Tuberculosis Association as offered by Mr. Werle.

Your Committee further recommends that a Committee be appointed to put this work under way, and we would respectfully suggest that it be composed largely of men who are actively interested in public health problems.

Respectfully submitted,

W. H. Marshall, Chairman.
H. M. Rich.
B. A. Shepard.
B. R. Corbus.
A. Harvey Miller.

April 30, 1924.

Dr. W. H. Marshall,
Flint, Michigan.

Dear Dr. Marshall:

I am enclosing herewith copy of a letter from the Secretary of the Michigan Tuberculosis Association. Upon the receipt of this letter, I referred it to President Connor with the recommendation that I believed that our State Medical Society should undertake this campaign. That there should be no delay and that he should appoint a committee that should represent our Society and that this committee should develop these plans in this campaign.

I am happy to state that Dr. Connor has co-incided with this recommendation and he has appointed the following committee to represent the State Medical Society:

Dr. W. H. Marshall, Flint, Chairman.
Dr. H. M. Rich, Detroit.
Dr. B. A. Shepard, Kalamazoo.
Dr. B. R. Corbus, Grand Rapids.
Dr. A. Harvey Miller, Gladstone.

It is therefore President Connor's desire that you get in touch with the Secretary of the Michigan Tuberculosis Association and promptly institute this plan.

I have not written to any of the members of your Committee, but am leaving that for you, and feel that at the same time you inform them, that you will also be able to outline your general ideas and secure an early meeting of the Committee and push this work forward.

Please be assured that any assistance that I can give you and any publicity that you may desire in the Journal will be available at any time that you give expression to such a request.

With personal good wishes, I am

Yours very truly,

F. C. Warnshuis,
Secretary-Editor.

April 26, 1924.

Dr. F. C. Warnshuis,
Powers Bldg.,
Grand Rapids, Michigan.

Dear Dr. Warnshuis:

As you perhaps know, there is a nation-wide movement on foot to promote annual physical examinations. The State Commissioner of Health as a rule has been placed in charge of that campaign for each State. Some time ago I was told that our State Commissioner does not at present anticipate putting on an active campaign and it was the sense of the conference that anything this Association might do in that direction would not be objected to by him.

One of the most important things that we can do to bring about the earlier discovery of tuberculosis is to increase the demand among the lay people for chest examinations. Our Association would be very glad to undertake some plan for promoting this idea which might meet with the full approval of the medical men of the State. I am writing you, therefore, to ask whether you would care to suggest how we might best serve the interest of the medical men and the public in bringing about this desirable end.

It occurred to me that we might perhaps have printed for distribution to the physicians of the state, on demand, index cards and an inexpensive circular, explaining the thing, which might be given to patients; and people generally by our field workers. The card might be signed by the individual, indicating the name of the physician whom he would like to have examine him at regular, stated intervals. These cards would then be returned to the physician and filed in his office to be gone over once a month so that notices

might be sent to the names and addresses given, for examination that month. The month indicated by the signator to the card might be his birthday month.

Some such plan as that might be worked out, I presume, in greater detail, is comparatively inexpensive, and conceivably might increase the interest in general physical examinations as well as serve the purpose of this Association.

I shall be much pleased to work out something with you if you consider it wise to do so.

Very sincerely,

Theo. J. Werle,
Executive Secretary.

PERIODIC HEALTH EXAMINATIONS

—SUPPLEMENTARY REPORT

Since submitting our preliminary report on periodic health examinations, we have been working on the problem and have accumulated some information that may be of value to the society. It appears that the subject is receiving much attention in many states and just now seems to be one of the greatest objectives of public health endeavor. It appears that a great deal of educational effort must be made to convince the public of the necessity for such examinations. In order to facilitate this educational campaign which should be carried on by County Society officials, we submit the sources of assistance that may be obtained from several organizations now in this field.

The Metropolitan Life Insurance Company, in supporting a national campaign to persuade our people to have birthday health examinations, has prepared a moving picture film entitled "Working for Dear Life." This film is interesting, artistic, and professional in its viewpoint. It provides about fifteen minutes of entertainment. It can be secured by addressing the Welfare Division, Metropolitan Life Insurance Company, 1 Madison Avenue, New York City. The only expenses to the exhibitor, are the transportation charges both ways.

The National Health Council, James A. Tobey, Administrative Secretary, 370 Seventh Avenue, New York City, has been active in the past year in the promotion of health examinations. This council has some useful material for sale at cost price. An eight page pamphlet, "Be Sure of Your Health—Have a Health Examination on Your Birthday" is designed for popular distribution. The cost is three cents apiece. They also provide attractive posters 15"x19" at 10 cents apiece. Three papers by Mr. Tobey cover the subject very well. They are: "Health Examinations and Social Service," "In Hospital Social Service 1924, p 347; Health Examinations and Life Prolongation" in *Journal of Outdoor Life*, April, 1924; "The Health Examination Movement" in "The Nation's Health," September, 1923.

The American Medical Association has a useful reprint by Dr. Haven Emerson on "Periodic Health Examinations of Apparently Healthy Persons." Every physician in the state should have one of these. As already stated, the Association can also furnish examination blanks.

The Illinois State Medical Society has a Bureau of Publicity that has been doing some excellent work in promoting lay education on medical matters. B. C. Keller is Director of Lay Education and may be addressed at Room 1522, 25 E. Washington St., Chicago. In a recent letter Mr. Keller says: "We have rather gotten away from 'blanket' publicity in our Illinois Lay Education Campaign. We make every effort to build our news publicity around the situation as shown in the communities

where these drives are being put on. We have a few things in semi-educational style which have been rather popular both among doctors and laymen." I am submitting a few of these stories with this report.

Sets of lantern slides, to illustrate lectures on the subject may be obtained from Johnathan A. Rawson, Jr., 18 East 37th St., New York City. A set entitled "Have a Health Examination on Your Birthday" is very suitable for medical society purposes. It consists of 30 slides, 20 colors and 10 plain. Each set is accompanied by a lecture manuscript outlining a consecutive and easily grasped story which any lecturer can master in a few minutes' study. Newspaper publicity material is also sent with the slides. The cost of the set is \$15 or it may be rented for \$3 per showing.

The Attractoscope Corporation of New York City have for sale a Public Health Service Attractoscope. This is an automatic stereopticon for display in windows, day or night. The picture shown is 15x16 inches. The outfit is connected with a lighting circuit and operates continuously without any personal attention for any period desired. It has a capacity for 25 slides and when placed in an appropriate public window, gives a "silent talk" that always attracts a crowd. It can be secured from Johnathan A. Rawson, Jr., 18 E. 37th Street, New York City, for \$200 F. O. B.

These suggestions submitted by your committee should be sufficient, at least, to initiate the campaign of publicity that will be necessary before these examinations can become popular.

Respectfully submitted,
W. H. Marshall.

September 9, 1924.

COMMITTEE ON PUBLIC HEALTH

The House of Delegates, The Michigan State Medical Society:

Your Committee on Public Health beg leave to report as follows:

The outstanding activities of your Committee during the past year have been, stimulating interest in the prevention and cure of simple and adolescent goitre, the use of toxin anti-toxin for the prevention of diphtheria, and periodic physical examinations. Our work has been to educate the public to the necessity of these preventive measures and to arouse an interest in the profession to the necessity of carrying out these preventive measures among those who look to them for things medical and surgical.

We would recommend that the profession get thoroughly acquainted with the great public health movements of today and to take an active part in the shaping of the policies that are to be adopted to accomplish the results sought.

That each County Society take up specifically the subject of periodic medical examinations of apparently healthy persons, perhaps following the plan of Kings County, N. Y. Medical Society, which has been the outstanding accomplishment along this line in the United States.

That the profession assume the responsibility that should be theirs in the education of their clientele to the necessity of taking advantage of the various proven immunizing agents, namely,

Vaccination against smallpox.

Toxin anti-toxin for the prevention of diphtheria.

The use of iodine in some form for the prevention and cure of simple or adolescent goitre.

We would especially call your attention to the lectures given to lay audiences by the members of this Society under the auspices of the joint committee of the University, or the State Medical Society at a

considerable personal sacrifice of time and expense. If these lectures are worth while and are to be continued in the future, it would be wise that some definite arrangement be made with the speakers whereby at least their expenses would be met.

C. C. Slemons, Chairman.
John Sundwall, M. D.
A. J. MacKenzie, M. D.

In the absence of the Chairman, Dr. C. C. Slemons, the Speaker, ruled that this report should be referred to the Business Committee, as printed in the program.

COMMITTEE ON LEGISLATION

Dr. Hugh Stewart, Flint.

DR. STEWART: I have no special report, inasmuch as there has been no meeting of the Legislature during the year, but there are a lot of things that the medical men in the State of Michigan should take into consideration.

During the past session of the Legislature, in 1923, Dr. Hume was Chairman and I was a member of the Committee. A lot of measures were up before the Legislature that the Legislative Committee had to deal with and as I was a member of the Senate a few years ago I took it upon myself to go before the Legislature to deal with these things in which the medical profession is interested. The only recommendation I would make to this House of Delegates is that they make some provision in their budget to take care of the Legislative Committee. I am all through with the Legislative Committee in the next Legislature, but I will say that the next Legislative Committee which is appointed should be allowed some money to take care of the expenses, so far as the medical profession of the State of Michigan is concerned, to protect the doctors.

DR. BROOK: Inasmuch as we are working under the new Constitution, and as all expenditures shall be made by the Council, I move that the remarks of Dr. Stewart be referred to the Council.

Motion seconded and carried.

COMMITTEE ON VENEREAL PROPHYLAXIS

The House of Delegates, The Michigan State Medical Society:

Your Committee on Venereal Prophylaxis respectfully reports that during the past year no innovation in the constant endeavor to reduce the number of cases of venereal diseases has been inaugurated, but that lines to prevent their spread by more energetic measures of treatment, especially by Boards of Health, have been more tightly assumed.

The Michigan Department of Health bases its belief of improved conditions on the larger number of cases reported. Whether this belief justifies a more optimistic view as to the efficiency of prophylactic measures, and whether this reporting and the educational means which have been adopted have in any measurable degree reduced their prevalence is still a debatable question. But certain it is that in the larger cities at least the Boards of Health have as a prophylactic measure accepted the responsibility of treatment. Perhaps the ratio is not so great as the following items, kindly furnished to the Committee by the Michi-

gan Department of Health of the work of the Venereal Disease Division for the year 1923, show, for many physicians do not report their cases:

"The total number of venereal diseases reported was 20,312, as compared with 17,707 in 1922, an increase of 2,605. Of these, 10,408 were syphilis, 9,597 gonorrhoea, and 235 chancroid.

"The number of physicians reporting, 1,684. The number of clinics reporting, 19. The total visits to clinics, 167,629. Patients treated in clinics, 45,621.

"Doses of Salvarsan administered in clinics, 23,908, and mercury, 49,617. Number of druggists reporting, 1,500. Number of prescriptions reported, 21,891. Number of cities visited, 658. Number of cases investigated, 783. Number of reported sources of infection investigated, 372. Other visits in connection with venereal disease cases, 1,990. Number of tubes of New-arsphenomine distributed, 10,130, of which 2,725 were distributed gratis for the treatment of indigent patients and 7,405 were supplied at cost."

This is probably not the place nor the time to enter into a renewed discussion of the influence in the future upon the medical profession of the assumption under the guise of Preventive Medicine of this enormous amount of "clinic work" by Boards of Health; but it seems to the Committee that, meagre as the progress has been, the only hope of a solution lies in this continued education of the public and the careful keeping of records and statistics, together with more specificity and more thoroughness in our efforts to eliminate the sources of infection. The great difficulty in doing the latter is realized, but still it is the main endeavor which gives promise of ever decreasing the incident of venereal disease. The infected cases must be more sufficiently shown up to make sure that they are not spreading the disease. Reliable records can be accumulated and proper medicinal aid distributed only by Boards of Health, Municipal and State, and to this extent their work should be heartily endorsed.

Andrew P. Biddle, Chairman.
W. F. Martin.
George Sewell.

Dr. A. P. Biddle, Detroit, Chairman, moved that the report be accepted as printed and referred to the Business Committee.

Motion seconded and carried.

COMMITTEE ON MEDICAL EDUCATION

The Committee on Education, having the information that the Presidential Address this year will involve the subject of medical education in Michigan, it therefore, in order to avoid possible duplication of subject and time, believes that the usual Annual Report on Education should be omitted.

Yours very truly,

B. D. Harrison, Chairman.
W. H. McCracken.
Louis Warfield.

Dr. B. D. Harrison, Detroit, Chairman, moved that the report be accepted as printed and referred to the Business Committee.

Motion seconded and carried.

COMMITTEE ON PUBLIC HEALTH EDUCATION

The House of Delegates, The Michigan State Medical Society:

This Committee was organized December 13, 1921, on the initiative of this Society and in 1923 the House of Delegates provided that it should be represented by five members on the Joint Committee. Originally it consisted of representatives of this Society and the

University, but the Committee itself soon admitted to its councils a representative from the State Department of Health, the State Dental Society and the Detroit College of Medicine and Surgery. At the January meeting this year it was provided that the Michigan Tuberculosis Society, the State Nurses' Association and the Michigan State Conference of Social Work should each have a representative upon this committee. The Joint Committee is presided over by the President of the University and the Director of the University Extension Division is Secretary and has charge of the activities of the Committee. The Committee holds its meetings during the year in January, April and October and these meetings have been generally fully attended.

The Secretary has charge of assigning lectures when he receives applications for them and the demand for these health lectures has been increasing progressively. In Detroit the assignments have been made under the joint auspices of the Joint Committee and the Wayne County Medical Society Committee on Public Education.

During the year the following number of lectures have been given:

Outside of Detroit	189
In Detroit	76
Average attendance at lectures outside Detroit	170
In Detroit	620
Total attendance outside Detroit	32,000
In Detroit	47,000

These figures disclose that the popular interest in these lectures is rapidly increasing, and if the County Medical Societies throughout the State would evince the active interest in the proposition that has been shown in Wayne, this movement would become of State-wide importance. The Societies represented on this Committee provide the expenses for their members going out on assignments to lecture, except this Society, which pays one-half, it being held that each lecturer representing the State Medical Society should himself bear one-half of the expense. Many of our members, in fact, have not sent in bills for the half. If the proposed addition to our dues is adopted, it is suggested that this Society should provide for paying all the expenses of its members participating in this work.

Respectfully submitted,
W. T. Dodge, Chairman.

Dr. W. T. Dodge, Big Rapids, Chairman, moved that the report be accepted as printed and referred to the Business Committee.

Motion seconded and carried.

COMMITTEE ON CIVIC AND INDUSTRIAL RELATIONS

The House of Delegates, The Michigan State Medical Society:

Your Committee on Civic and Industrial Relations respectfully submits the following report:

There has been during the past decade much discussion about the change in relationship between the physician and the public. Indeed, it has been asserted that the old family physician was disappearing and that it has become increasingly difficult to obtain the services of a general practitioner in the smaller cities and the rural communities. The practice of medicine and surgery in such localities would be equally attractive to the practice in the larger cities, provided that the physician were given facilities equal to those found in our larger hospitals.

While it is true that many small and excellent hospitals have been manned in such localities, yet they are not available to every physician in good standing in that locality, and it is only when such a condition has been achieved that the laity will receive better service from the profession in general.

It would be impossible for the members of the medical profession to build and maintain such hospitals themselves, but it would be perfectly proper for each County Society to urge the erection of such hospitals in their own communities.

Probably the greatest difficulty that the practitioner in the small town has to contend with is the competition furnished by the State University. With their present system of taking pay patients as well as charity patients in force, it will only be a short time before patients with chronic conditions and those needing operations of choice will seek the services of the University in ever increasing numbers. The chief reason for this is that the small hospital cannot compete with an institution, a portion of the expense of which is maintained by State taxes—nor can the physician in private practice, with the heavy overhead expenses that he must bear in order to be properly equipped for present day medical practice, compete with a physician connected with the University whose entire service is maintained at State expense.

The result will be that accidents and the acute infectious diseases will be all that is left for the physician in the rural community to care for and thus, at least, 40 per cent of his practice will be taken away from him and that, the most remunerative part. Thus, if this condition is allowed to go on, it will be increasingly difficult to obtain physicians who will find it possible to exist in such communities, and the quality of the service rendered will decrease accordingly.

We recommend that the seriousness of this situation be brought to the attention of the University authorities, and that they be urged to adopt such means as appear feasible to correct the conditions.

Again referring to the changed relation between physicians and laity, if such exists, what are the causes and the remedies? There are undoubtedly many causes for such a change over which we may have little or no control, but is it not possible that we may ourselves be responsible for this "unrest" to some extent, at least? Personally we believe one of the prime causes for dissatisfaction on the part of the public is the fact that some physicians have been and are charging exorbitant fees for insufficient and inadequate service. We will not discuss the very large fees charged by some surgeons for major operations. That has been going on for some time and may or may not be justifiable in some cases; it certainly is not in all cases. But let us take an insight into what else is happening and we must admit, if we are fair, that the prices sometimes charged for obstetrical cases, for minor operations like tonsillectomies, for injections of salvarsan, for complete physical examinations and even in our newest specialty (preventive medicine) the fees that are charged at times for preventive inoculations, are not only excessive, but outrageous. It seems to this Committee, therefore, that if we desire to establish the old-time respect and regard for the doctor on the part of the laity, we begin at once to remedy some of these faults. We recommend that our young men be taught that their first duty as physicians is a service to mankind and that remuneration is secondary. We, as an organized Society, should take the position that physicians who are practicing for "revenue only" fall into the same class as the various cults whether they advertise or not. We recommend that the Society adopt ways and means to correct this evil wherever and whenever it is found to exist.

Another civic relation which calls for our consideration is the relation between the practicing physician and the privately endowed hospital. We will not discuss the question as to whether a hospital should be "open" or "closed" as far as its staff is concerned, but limit our discussion to the relation between the hospital and members of its own staff. Members of

a hospital staff are an asset to that institution, they furnish the cases that pay the overhead. Even the younger men do this to some extent and both the older and younger physicians do much work for nothing for the hospital. The point that we wish to bring up is that in return for this service, when a member of the staff has a case for which the hospital bill is a burden, then the hospital should reduce its charge and give the doctor a chance for some remuneration. As it is now the hospital always gets its full charge and the doctor often must give his service entirely gratis. This is not a fair relation and should be remedied.

Now we come to consider the much discussed relation of the Public Health Departments to the practicing physicians. The principal work of a Department of Health at present is educational. The Health Commissioner and his staff should teach the public the need of looking after their health. This instruction is furnished by means of public health pamphlets, by clinics, by visiting nurses, and in other ways. As an organized Medical Society we should support Public Health Activities, but we should in return expect the Departments of Health to adhere as closely as possible to the educational and preventive side of medicine and not encroach upon the field of the practicing physician. There will necessarily be some overlapping, but it must be watched or the medical profession will not cordially support Public Health work. We recommend that a resolution conveying this idea be passed and copies sent to the State Department of Health and to all organized City Departments of Health in the State.

Guy L. Kiefer, Chairman.
J. Walter Vaughan.
Harry M. Malejan.
A. V. Wenger.
C. D. Aaron.
W. K. West.
A. H. Miller.

Dr. Guy L. Kiefer, Detroit, Chairman, moved that the report be accepted as printed and referred to the Business Committee, and urged that this Committee bring in definite resolutions that might be acted upon.

Motion seconded and carried.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION

Dr. J. D. Brook, Grandville, presented the following report:

At the seventy-fifth annual session of the American Medical Association, held at Chicago, June 9-13, 1924, your Society was represented by the regular delegates, A. W. Hornbogen, G. E. Frothingham, H. A. Luce, and J. D. Brook. These were augmented by Dr. B. R. Shurly of the Otolaryngological Section, and Dr. L. J. Hirschman of the Section on Gastro Euterology, giving Michigan six delegates, besides the Speaker.

It would be impossible to completely cover in this report the entire transactions of the House of Delegates, since they contain fifty-two closely printed pages the size of the A. M. A. Journal, but we desire, nevertheless, to call your attention to some of the more outstanding points of its deliberations.

1st. The Speaker's address dealt necessarily with problems of policy and legislation, embracing suggestions and recommendations for possible betterment of the functioning of its constituent associations, and the welfare of its individual members.

We commend to your careful perusal and study,

the address of the Speaker, couched in rhetorical gems the product of an artistic literary mentality, disclosing and yet covering with the even touch of delicacy, the artistic hand of the astute political diplomat.

2nd. We suggest that you all read carefully the address of President-Elect, Dr. Wm. Allen Pusey. It deals almost entirely with the high cost of nursing and medical training, with remedies suggested. This is a matter which now confronts us, and the members of the House of Delegates from each state should express themselves through their delegates to the A. M. A. as regards these vital problems.

3rd. In a supplementary report of the Judicial Council, Dr. M. L. Harris, Chicago Chairman, presented a subject of interest to all physicians. It can best be given you by quoting briefly from his report as follows:

"The medical profession is confronted today with one of the most important and serious problems that it has been called on to meet. Briefly, and in business parlance, the question is: 'Shall the medical profession vend its products directly to the consumer, or shall it sell them to a middleman or third party?' This question comes to the attention of the Judicial Council by reason of the extensive propaganda that is being waged at the present time in regard to periodic health examinations. The American Medical Association has gone on record through this House of Delegates favoring periodic examinations, and this Council concurs in the desirability of such examinations being made. At the last meeting of the House of Delegates, however, the question now raised was not considered. Since then a number of commercial organizations have entered the field and, as middlemen, or jobbers, are offering to furnish periodic medical examinations to the public generally for a stated sum, per annum and to send reports of the findings at the examinations to the examined; and some of these organizations are giving advice to the examined as to what they should do for the conditions found. These examinations, of course, can be made only by physicians; hence these companies are signing up contracts with physicians throughout the country to make examinations of all persons sent to them by the particular company holding the contract, and to forward the reports directly to the company.

"For these examinations, the company pays the physician a definite price and then sells the results of the examination to the individual examined at a much higher price. In other words, these companies acting as jobbers buy the physician's services at one price and sell them to the public at another. The questions that should receive the most serious and earnest consideration of this House of Delegates are: 'Should the physician deal with the jobber, or should he sell his services directly to the consumer? and, What is going to be the ultimate effect on the independence and the welfare of the physician as a result of thus dealing through a jobber, or middleman?'

"When a physician signs a contract with a commercial organization to make physical examinations of all persons sent to him by the organization for a price set by the organization and allows that organization to make its own charge to the individuals examined for the services rendered by the physician, the physician is selling his independence to the jobber. One of the largest jobbers in this line buys the services of the physician for \$5 and sells it to the individual for \$20 or \$25. It is the knowledge of the physician that gives value to the

services, and this value is not enhanced or increased any by passing through the jobber's hands."

Dr. Harris further goes on at some length, giving figures and facts, and closes his report by moving that the subject be made a special order of business for Tuesday, June 10, at 2:15 p. m. At the appointed time Dr. Harris moved that the House of Delegates go in Committee of the Whole. Dr. G. E. Follansbee, as Chairman of Ohio, made the following report of the Committee of the Whole, which was unanimously adopted by the House:

Resolved, That the Committee of the Whole recommends to the House of Delegates that the practice outlined in the supplementary report of the Judicial Council be condemned as against the best interests of the public; and be it further

Resolved, That the Judicial Council be instructed to carry on an educational campaign in conjunction with the state associations and to cooperate with other Councils and Bureaus of the American Medical Association in the promotion of periodic health examinations by family physicians.

4th. Dr. Wendell C. Phillips, Chairman of the Board of the Trustees, stated in his report that the total circulation of Hygeia December 31, 1923 was 23,687; Of these subscribers 14,175 were physicians, and 9,512 were laymen. As was anticipated, the publication of Hygeia is an expensive venture, its publication entailing a net loss of \$38,990 during 1923. Dr. Phillips urges support of the publication from a greater number of Fellows and Members of the Association. Your delegates recommend that the physicians of the various communities of the State make an effort to place Hygeia in their local school libraries.

The Board of Trustees also makes the following statement regarding Federal Income Tax:

"The Bureau of Legal Medicine and Legislation filed a brief with the committee appointed by the Secretary of the Treasury to draft a revision of federal tax laws, urging the claims of the medical profession to the right to deduct traveling expenses incident to attendance at meetings of medical societies and to deduct the expenses of postgraduate study, in the computation of federal income taxes. The committee having failed to recommend the relief sought, a similar brief was filed with the Committee on Ways and Means, of the House of Representatives. At the close of the year, the matter was pending in that committee."

5th. Dr. Olin West in his Secretary's report, makes some very pointed statements in regard to "Constitution and By-Laws of State Associations and County Societies." Inasmuch as we have before us for consideration a committee report presenting a revised constitution for possible adoption, it seems that Dr. West's remarks are most timely and we therefore quote him as follows:

"The Constitution and By-Laws for constituent state associations, and the Constitution and By-Laws for component county societies, prepared by a special committee more than twenty years ago, were very generally adopted. Since their adoption, many changes have been made by some societies, while none of any moment have been made by others. In some instances very material changes have been made, and there seems to be a tendency toward further and somewhat radical amendment. It may be wise to seek the adoption of a reconstructed Constitution and By-Laws for state associations, and for county societies as well, to be uniform as far as the peculiar conditions in the various states will permit of uniformity. There are certain ambiguities in the present instruments which need correction or clarification. This may be es-

pecially true of sections in which certain authority is delegated by the state association to the county society, and it may also be true that there should be more specific definition of the authority of the state association over members as members of the state organization.

It is highly important that there shall be no provisions in the Constitution and By-Laws of the County Society that conflict with those of the Constitution and By-Laws of the State Association or of the American Medical Association. It is entirely possible that, in some instances at least, there has been too little examination by the State Associations into the condition and the amendment of County Society Constitutions and By-Laws, especially the By-Laws. Each County Society is supposed to hold a charter from its own State Association, under which it receives certain authority and under which it also subscribes to the government of the State Association in certain essential matters. The State Association, in turn, is a member of the "Federacy of Constituent Associations," which is the American Medical Association, though no charter is issued to a Constituent Association by the national body.

The same thread of organizational principle should run through the whole fabric of organization. The rights and privileges of every member should be equal in every unit of organization, except as the need for the present classifications of members is intended to be, and is, thoroughly democratic, and must be so maintained. This can be done only as the governing principles are set out in the Constitution and By-Laws of the Association, of the State Association and the County Society, so that they shall be applied with all possible uniformity in every organizational unit. An occasional revision of all of them, with due regard to the relation of each to the other, and with a view of removing all conflicts, ambiguities and redundancies, would seem to be wise procedure. At any rate, the matter is submitted for consideration by this House as being important enough to deserve special study."

The Reference Committee, to whom the Secretary's report was referred, Dr. E. Elliot Harris, New York, chairman, makes the following recommendation in regard to the above portion of the Secretary's report, also unanimously adopted by the House:

"Your Committee recommends that a special committee of three be appointed, of which the Secretary should be chairman, for the purpose of investigating and submitting recommendations to the House of Delegates at its next annual session, regarding the revised Constitutions and By-Laws for constituent State Association and component Societies."

6th. Dr. T. C. Chalmers, New York, introduced the following resolution which was unanimously adopted by the House of Delegates:

"Whereas, Alcohol is a drug necessary in the treatment of certain diseases in the opinion of a majority of practicing physicians, as heretofore determined by the poll of the American Medical Association, and

Whereas, The use of alcohol in medicine by physicians is limited, regardless of the condition of the patient, by the National Prohibition Acts, and

Whereas, The confidential relations maintained between the physician and his patient are violated by the said National Prohibition Acts, and

Whereas, The interests of the patient and the success of the physician require that such medicinal alcoholic liquor as is prescribed in the treatment of disease be of known purity and alcoholic content, and

Whereas, This can be accomplished only by the marketing of bottled in bond alcohol for medicinal purposes in containers suitable for dispensing, unopened, by pharmacists in such sizes as will meet the patient's needs; be it

Resolved, That the House of Delegates of the American Medical Association expresses its disapproval of those portions of the National Prohibition Acts which interfere with the proper relation between the physician and his patient in prescribing alcohol medicinally.

Resolved, That the House of Delegates of the American Medical Association instruct the Board of Trustees to use its best endeavor to have repealed such sections of the National Prohibition Acts as are in conflict with the above resolution and also use their best endeavor to have the Commissioner of Internal Revenue and the Prohibition Commissioner issue revised instruction on the use and the prescribing of alcoholic liquors for medicinal purposes by physicians.

Thursday, the last day of the session, was largely given over to the election of officers which resulted as follows:

President—Dr. Wm. D. Haggard, Nashville, Tenn.

Vice President—Dr. E. B. McDaniel, Portland, Ore.

Secretary—Dr. Olin West, Chicago.

Treasurer—Dr. Austin A. Hayden, Chicago.

Speaker of the House—Dr. F. C. Warnshuis, Grand Rapids, Mich.

Vice Speaker—Dr. Rock Sleyster, Wauwatosa, Wisconsin.

All of which is respectfully submitted by

A. W. HORNBOKEN,
G. E. FROTHINGHAM,
H. A. LUCE,
J. D. BROOK,

Delegates.

COMMITTEE ON REGIONAL CLINICS

Regarding the meeting on April 25, 1924, of the special committee for the foundation of a regional clinic, I would submit the following report:

Those present were Doctors Walter Wilson, chairman, Warfield, Connor and McKean. The chairman outlined the purpose of the meeting by reading excerpts from members of the council in the February Journal of the Michigan State Medical Association. Dr. Warfield spoke on the plan which Wisconsin has adopted whereby under the University Extension Unit various men in different branches of medicine are lined up to lecture in towns here and there throughout the state, evening lectures being preceded by a general clinic. Dr. Connor cited a similar plan in vogue in the Carolinas and the necessity for some such plan being agreed upon in Michigan. It was recommended therefore that the matter might be handled by an extension division of the University of Michigan in collaboration with a committee from the State Medical Society. The subjects to be arranged, listed and assigned to different men who are to go out individually and take up a subject in which they are particularly qualified to speak.

It was considered that it might be feasible to make a charge of \$25 for a series of ten clinics and lectures throughout the year, the men giving these clinics and lectures being reimbursed to the amount of \$25 a day, plus their expenses, to pay them in part for the time expended.

It was further recommended that the plan of districting be left to the discretion of the Extension Division as mentioned above. It was suggested as an alternative that the whole work might very well be carried on by the joint committee of Public Health Education of the State Society.

Respectfully submitted,

Walter Wilson, Chairman.

Dr. Walter Wilson, Detroit, Chairman, moved that the report be accepted as printed

and referred to the Business Committee.

Motion seconded and carried.

NEW BUSINESS AND RESOLUTIONS

Meeting Place

DR. GEORGE L. LEFEVRE, Muskegon: I think it well to extend an invitation to have the meeting at Muskegon in 1925, and hope you will accept. I also have here an invitation from the Chamber of Commerce and the Country Club. I know you had a meeting there some years ago and I have heard criticism from some of the members that Muskegon is situated on a hill and makes no progress, depending upon water for progress. (Laughter). Muskegon has grown. It has hospitals, and an hotel that will accommodate eight hundred people. We have places for section meetings, one that will contain four hundred and fifty, another that will contain two hundred and fifty, and we also have rooms at the Occidental Hotel that will hold a good crowd. The hotel rates in Muskegon are never raised because you have a meeting there. They are the same the year 'round and are very reasonable. The eating places are abundant, there are first class meals at all hotels and plenty of restaurants and high class cafeterias. We have plenty of cars to take care of all of you and we can guarantee the expense to the State Society will be normal.

We have plenty of facilities for amusement, for boat rides on the lakes, golf, or any other kind of entertainment you wish. The golf course is probably one of the best in the state. Warnshuis and Dodge will tell you that. They have lost money there, and may lose more. The roads to Muskegon are the very best. We have two trunk lines that are always paved. When a convention comes to Muskegon we take the police force right off their beats. (Laughter.) Of course, there is one consideration, we hope you will observe the Eighteenth Amendment and not disgrace the medical profession of Muskegon by breaking it. (Applause.)

(Dr. LeFevre then read the invitations from the Chamber of Commerce and the Country Club.)

Dr. Brook, Grandville, moved that Dr. LeFevre's invitation be referred to the Council with the hearty endorsement of the House of Delegates.

Motion seconded and carried.

Dr. Hornbogen, Marquette, moved that the present Speaker of the House appoint a committee of three doctors from the Lower Peninsula to commend Dr. Bohn, who was Chairman of the Committee on Legislation.

Dr. Hornbogen explained that he wished this committee to be from the Lower Peninsula because the Upper Peninsula had already taken care of the matter, not only by the appointment of a committee, but by electing Dr. Bohn as President of the Upper Peninsula Medical Society.

Motion supported by Dr. Stewart and carried.

Speaker Moll thereupon appointed the following gentlemen to serve as such committee:

Dr. D. Emmett Welsh, Grand Rapids.

Dr. D. B. Harrison, Detroit.

Dr. C. D. Aaron, Detroit.

As this completed the business before the

House at this time the meeting was declared adjourned until 8:15 Wednesday morning.

THIRD SESSION

The third session of the House of Delegates of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Methodist Church, Mount Clemens, at 8:30 a. m., on Wednesday, September 10, 1924, by the Speaker, Dr. Carl Moll, Flint.

ROLL CALL

The Secretary announced that he held in his hand the signed roll of a majority of the House of Delegates and moved that this constitute the roll call for this session. Motion seconded and carried.

The Speaker then announced that a quorum was present and declared the House duly constituted for the transaction of business.

REPORTS OF COMMITTEES

Business Committee

Dr. W. T. Dodge, Big Rapids, Chairman, stated that the Committee had been unable to review all the reports that had been submitted to it, and asked for more time in which to prepare a report.

Dr. J. A. Kimzey, Detroit, moved that instead of meeting at 8:00 a. m., on the second day of the meeting in the future, the meeting of the House be held at 4:00, or 4:30 p. m., on the second day.

Motion seconded and carried.

Dr. F. C. Warnshuis, Grand Rapids, moved that the Speaker appoint the Business Committee fourteen days before the Annual Meeting, and that the reports be sent to the Committee beforehand so that they might be prepared to report at the first meeting of the House of Delegates on the reports as printed.

Motion seconded and carried.

As nothing further could be done at this time, the Speaker declared a recess of the House of Delegates until 4:00 p. m.

FOURTH SESSION

The fourth session of the House of Delegates of the Fifty-Ninth Annual Meeting of the Michigan State Medical Society was called to order in the Methodist Church, Mount Clemens, at 4:10 p. m., on Wednesday, September 10th, 1924, by the Speaker, Dr. Carl Moll, Flint.

ROLL CALL

The Secretary announced that he held in his hand the signed roll of a majority of the House of Delegates and moved that this constitute the roll call for this session. Motion seconded and carried.

The Speaker then announced that a quorum was present and declared the House duly constituted for the transaction of business.

REPORTS OF COMMITTEES

Business Committee

Dr. W. T. Dodge, Big Rapids, Chairman, presented the following report:

The adoption of the new Constitution and By-Laws has largely brought into effect the recommendations of the Speaker in his annual address. It has also largely adopted the recommendations made by the Council in its reports.

We therefore recommend that the Council appoint an Executive Secretary, as soon as they have found one who will fit the place.

In taking up the report of the committees printed in the transactions and referred to us, we will commence with the report of the Committee on Tuberculosis.

We especially endorse the recommendations of this Committee and recommend that this body commend the work of the Tuberculosis Association and co-operate with them.

The Committee on Public Health recommends special work to be done to insure frequent vaccinations against smallpox, the use of antitoxin for the prevention of diphtheria, and the use of iodine which has already been adopted as measures to prevent the development of goitre.

The Committee on Civic and Industrial Relations present many problems for consideration, and among others are presented the old time discussion of university hospital work in treating patients with or without fees. The Committee also points out the tendency they have discovered to charge excessive fees for preventive inoculation and for the removal of tonsils and other work of a preventive nature.

We have found that the adoption of regulation for the fees to charge for this work would be quite impossible. We believe the only thing to do is to leave the performance of work of this kind by the university hospital and the fees for such services as may be done by individuals, to the option of the individuals themselves.

We, however, advise that information concerning this point be brought to the attention of the university hospitals, and that they be urged to make their regulations of such nature as not to interfere in the general practice of medicine.

The last portion of the report of the Committee on Civic and Industrial Relations recommends that a resolution be adopted relative to the activities of public health departments.

We, therefore, recommend the adoption of the following resolution:

"RESOLVED, That the profession as represented by this Society endorse the action of the Public Health Department as illustrated by the purely educative work it is doing. This specifically endorses the work of public clinics, distribution of public health documents, and the

activities of visiting nurses. We endorse all educational work, and we expect the Public Health Department to adhere as closely as possible to the education and preventive side of medicine, and not encroach on the field of the practicing physician."

The Committee on Venereal Prophylaxis makes an interesting report that shows a gradual progress in this work, but makes no recommendations that require consideration at your hands.

The Committee on Goitre has performed very valuable services; they have secured the adoption of iodid salt which is now being sold in all the grocery stores in the State.

We recommend the adoption of the following resolution:

"RESOLVED, That .02 per cent of iodine or its equivalent in salt is a normal quantity and is endorsed by the action of this Association."

The Committee on considering the matter of private examinations of individuals, makes a recommendation that a committee be appointed to see that a system of examinations be outlined by the Michigan Tuberculosis Association be adopted, and we recommend that the incoming President be authorized to appoint this Committee.

The report from the delegates of the A. M. A. shows that they devoted considerable time and attention to the purpose for which they were appointed.

We especially commend that a tribute be paid to the member of their delegation who has been honored in being chosen as Speaker of the House of Delegates of the American Medical Association.

We recognize the happy relations that seem to exist among the delegates from Michigan and hope that this spirit of harmony and pleasant relationship may continue, and work for the ultimate advantage of Michigan in the management of the American Medical Association.

We do not think that any instructions to these delegates are necessary; they are quite active and have the future of Michigan well in their hands.

Respectfully submitted,

W. T. Dodge,
L. W. Toles,
E. B. Minor,
C. T. Southworth,
H. A. Luce.

The Secretary then read this report, section by section, and the following action was taken:

Section 1, regarding appointment of executive secretary, upon motion duly seconded and carried, was adopted.

Section 2, recommendation regarding Tuberculosis Association, upon motion duly seconded and carried, was adopted.

Section 3, recommendations on Committee of

Public Health, upon motion duly seconded and carried, was adopted.

Section 4, resolution regarding Committee on Civic and Industrial Relationships, was discussed. A substitute motion was made that the words "activities of visiting nurses" be stricken out and this Section of the report as thus amended be adopted.

This motion was seconded and carried.

Section 5, venereal prophylaxis, the Secretary stated, required no action.

Section 6, resolution of Committee on Goitre, upon motion duly seconded and carried, was adopted.

Section 7, regarding periodic examinations, Dr. Den Bleyker, Kalamazoo, moved that the words "Michigan Tuberculosis Association" be stricken out and "American Medical Association" substituted.

Motion seconded and carried.

The Section thus amended, on motion duly seconded and carried, was adopted.

Section 8, delegates to American Medical Association, upon motion duly seconded and carried, was adopted.

NOMINATING COMMITTEE

Dr. J. D. Brook, Grandville, presented the following report:

First Vice-President, Dr. Henry J. Berry, Mount Clemens.

Second Vice-President, Dr. F. W. Garber, Muskegon.

Third Vice-President, Dr. Henry Cook, Flint.

Fourth Vice-President, Dr. Harvey Miller, Gladstone.

Delegates to A. M. A.—Dr. A. W. Hornbogen, Marquette; Dr. J. D. Brook, Grandville; Dr. G. E. Frothingham, Detroit; Dr. F. C. Warnshuis, Grand Rapids.

Alternate Delegates—Dr. Carl Moll, Flint; Dr. Hugh Stewart, Flint; Dr. H. A. Luce, Detroit; Dr. C. S. Gorsline, Battle Creek.

Upon motion duly seconded and carried, a unanimous ballot of the House of Delegates was cast for these gentlemen and they were declared duly elected to their respective offices.

The Secretary stated that only one delegate was present from the 13th District, that he had complied with the requirements of the Constitution and By-Laws insofar as possible, and that this delegate had presented the name of Dr. B. H. VanLeuven of Petoskey, as a Councilor from the 13th District.

Dr. F. G. Swartz, Traverse City, moved that the House receive the report of this delegate.

Motion seconded and carried.

The Secretary then presented the nomination of Dr. B. H. VanLeuven of Petoskey, as a Councilor for the 13th District.

Dr. Hornbogen, Marquette, moved that the

Secretary be instructed to cast a unanimous ballot for Dr. VanLeuven.

Motion seconded and carried.

The Secretary reported the ballot cast and Dr. VanLeuven was declared duly elected as Councilor from the 13th District.

Nominations for Speaker and Vice-Speaker were then made from the floor of the House and the following gentlemen were duly elected:

Speaker—Dr. Joseph E. King, Detroit.

Vice-Speaker—Dr. W. J. O'Reilly, Saginaw.

NEW BUSINESS

Dr. Gorsline, Battle Creek, asked if the officers of the Society had some well conceived plan of education and action which could be put over, whereby the County Societies could be shown why the raise in dues was necessary, and what benefits they would derive from this plan.

The Secretary announced the tentative plans that had been outlined by the Council for the benefit of the members of the Society, and stated that the selection of an Executive Secretary was left to a special committee, and that they hoped to secure a suitable man by January 1st.

Dr. Brook, Grandville, moved that the House of Delegates, on behalf of the Michigan State Medical Society, extend a vote of thanks to the local profession, to the citizens of Mount Clemens, to the Business Men's Association, and to all others interested for the courtesy and hospitality shown to the members of the Society, especially to the members of the Macomb County Society.

Motion seconded and unanimously carried.

Dr. Gorsline, Battle Creek, moved that the House of Delegates extend a vote of appreciation to Dr. Moll for his services as Speaker in the last two years, and for the able way in which he had presided over the House and conducted the activities and deliberations of that body.

Motion seconded by several and unanimously carried.

As Dr. King was not present at this meeting it was impossible to induct him into office.

As this concluded the business, on motion duly seconded and carried, the House of Delegates was declared adjourned *sine die*.

F. C. WARNSHUIS,

Secretary.

SOME SPECIAL FEATURES OF MASSACHUSETTS' PROGRAM FOR VENEREAL DISEASE CONTROL

The organization, personnel and general policies of the subdivision of venereal diseases of the Massachusetts Department of Public Health are detailed by Eugene R. Kelley and Albert Pfeiffer, Boston (Journal A. M. A., Sept. 20, 1924). There are some features of the Massachusetts program which are

strictly within the proper provision of a state health department's activities and yet which may not be generally known or widely followed in other states. Kelly and Pfeiffer present illustrations of these special activities, which fall roughly into the following classes: Curative, repressive, law enforcement, and, generally speaking, educational, with the hope that their experience may be of value to other departments of health. They are: 1. The manufacture and distribution of arsphenamin and analogous products. 2. Work among the pharmacists in reference to nostrums. 3. Co-operation with the courts. The fact that special legislation is not always necessary to carry out health measures is forcefully shown by the campaign conducted by the department against proprietary and quack remedies sold by druggists for the self-treatment of venereal diseases. It was thought advisable to have a special investigator of the department visit each druggist in the state, explaining to him in detail the department's program in venereal disease control. The prevalence, dangers of home treatment, and complications of venereal disease were outlined, and the necessity of thorough and scientific treatment emphasized. The druggist was then asked to co-operate with the department by refusing to carry in his drug store any nostrums for the treatment of venereal diseases. The pharmacists almost to a man were found to be interested and highly co-operative, and in most cases were unaware of the activities that were being conducted toward venereal disease control. As a general thing, these men had not given thought to the consequences of badly treated cases, or realized that they were instrumental in deceiving the unfortunate victim, leading him to think that his misfortune was slight, and easily and speedily cured by the taking of some highly advertised concoction. Only a few of those visited failed to respond, giving as an excuse that they would co-operate if all others would do the same. On a return visit, these invariably fell into line. A list of the state approved clinics, where patients can receive free treatment if they are unable to pay a physician, was always left with the druggist so that he might refer persons who might inquire about facilities for treatment. The wholesale drug houses were visited, and usually the general manager or vice president who was seen asked for a list of these preparations so as to discontinue stocking them. In the fall of 1919, a representative of the department was given the task of visiting each of the courts of the state to discuss the policy of the department in the control and suppression of venereal diseases, the prevalence and importance of venereal diseases, the location of the established clinics for free treatment, and to ascertain whether, with present legislation, the court officials could properly make an effective disposition of all sex offenders and those coming before their courts accused of offenses against chastity. The survey was highly satisfactory. Most of the courts in the state responded favorably. The policy of some courts is to have the case continued so that the defendant can be examined, the probation officer having the custody. Some judges have taken the stand that a refusal of medical examination is a sign of guilt, and therefore do not hesitate to impose a sentence of thirty days in the house of correction, thus insuring a thorough physical examination. Some courts have attending physicians; others request physicians, often from established venereal disease clinics, to advise them or to examine defendants. The local boards of health assume responsibility for the expense of examination, or the expense is paid from the probation officers' funds, but no court is left with this difficulty unsolved. Results from the revisiting of about a dozen or more courts showed that, out of 1,500 sex offenders who had been examined, 605 were found to have venereal disease.

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

PUBLICATION COMMITTEE

R. C. Stone, Chairman.....Battle Creek
C. D. DARLING.....Ann Arbor
J. D. Bruce.....Saginaw

Editor and Business Manager

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Grand Rapids, Michigan

Entered at Grand Rapids, Michigan, Postoffice as second class matter.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 7, 1918.

All communications relative to exchanges, books for review, manuscripts, news, advertising and subscriptions are to be addressed to F. C. Warnshuis, M. D., 4th Floor Powers Theatre Building, Grand Rapids, Michigan.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$5 per year, in advance

OCTOBER, 1924

Report Malpractice Threats Immediately to Doctor F. B. Tibbals, 1212 Kresge Building, Detroit, Michigan.

Editorials

WHY INCREASE OF DUES?

We anticipate that the first query that will be made when our members learn that the House of Delegates at the Mount Clemens meeting amended our Constitution and By-Laws and provided for an increase of our annual dues from five dollars per year to ten dollars per year, effective on January 1, 1925, will be, "Why?" To partly answer that inquiry is the purpose of this editorial. We request, and the Council directs, that this information be imparted to every member and that County Secretaries and officers likewise undertake to place this information before their members.

What is the justification for this increase in dues? If the State Society and the component County Societies are content to continue having our State and County organizations represent as their sole object and purpose of existence, the maintenance of a Society that has for its only object, membership, casual meetings, the publication of The Journal and Medical-Legal Defense, then it is conceded and admitted that there is no need for an increase in dues. If we are to remain semi-dormant and content ourselves simply with the continu-

ance of a plan of organization that is unconcerned with the great problems of public health, health conservation, public health education, the enlightenment of the people as to the truths regarding scientific medicine, the professional and scientific enhancement of our members, the conservation of professional and personal attainments, the inspiring of our members to better medical investigations, the rendering of more efficient medical services by our members, the guidance of local and state authorities along lines of legislation in order that the welfare and health of our people may be conserved, morbidity reduced and mortality lowered—if as an individual doctor and as a member of your County and State Society you are of the opinion that these present day problems are of no concern to you and that as a Society we have no relationship to them and that the responsibilities that they involve are not the concern of you and your fellow doctors, then we again agree that there is no need for an increase in dues.

If you are of the opinion that it is well and wise for us to keep on "marking time" as we have been doing for the past five or more years, if you are content to make no progress, if you are willing to have a stagnant, non-achieving, non-constructive Society, if you believe that a Journal and Medico-Legal Defense should be the sum-total of your membership benefits, if you hold that the profession should not concern itself with the problems that passing events and changing public relationships thrust upon us—if that is your opinion, belief and desire and the inclusive end of our medical organization and that is the type of a Society that you wish to be affiliated with and sponsor, then again do we agree that there is no need for an increase in dues.

But, (and we say it loud, long and with emphasis)—But, if you are of the opinion and belief and there exists within you a commendable degree of desire to meet up to your responsibilities and to be affiliated with a Society that represents a constructive, aggressive and progressive body of Michigan doctors, then there is need and justification for increasing our annual dues on the following grounds:

1. Our present income will not permit us to undertake new activities or broaden our present scope of effort. Our present annual dues are distributed as follows: Two dollars to the Journal subscription, two dollars to medico-legal protection, one dollar toward defraying Society expenses and annual meeting expenditures.

It costs an average of four dollars per year to send each member The Journal. You contribute two dollars toward it and the balance must be earned by advertising. The Journal has shown an annual profit of \$1,000 to \$1,500 per year, but because of Society expense this

profit has been used to overcome an annual deficit. It has been impossible, therefore, to enlarge The Journal and cause it to contain a larger and more varied number of original articles that will interest and be of profit to our members. If the Journal's earnings can be expended on The Journal it will result in a better and more valuable publication. An increase of dues that will provide for defraying Society expense will make possible a bigger and better Journal.

That is benefit number one that you will receive from an increase in dues.

2. Active, aggressive County Societies, holding regular, well attended meetings with scientific programs that are instructive and profitable, begets a membership and interest that pays a dividend that no earnest doctor can afford to forego. County officers are as a rule willing and desirous of serving their constituents. Their task is a difficult one. They stand in much need of assistance. They should receive aid and co-operative assistance from their parent State Society. With our present state income this type of assistance cannot be accorded to County Societies. With an increased state revenue derived from increased dues it will be possible, and it is the purpose of the Council and State Officers, to render this assistance to every County Society. Tentative plans include the sending into each county, groups of County Societies and Councilor Districts, essayists, clinicians, and teams of clinical teachers to conduct meetings and post-graduate clinics for the benefit of our members. Such plans and that type of educational work should and will result in a state-wide awakening and activity on the part of County Societies. It will mean County Societies reflecting the true purpose of their existence. Increased dues will bring to you, this benefit number two, in the form of live, active, purposeful County Societies.

3. Our Constitution and By-Laws provide for a number of permanent committees. The duties of these several committees are also prescribed. Their membership is composed of members appointed by the president. To perform the duties prescribed, to attain the ends set forth as being desirable, to accomplish the work that is assigned requires time, effort and expense.

Many members have unselfishly contributed their time in the past and many have expended personal funds to further their committee work. Notwithstanding, there is always a limit to self-sacrifice and in that degree is our committee work limited and the attainments restricted. These committee members do not work for self or for selfish purposes. They labor in your behalf, your interest and your advancement. They serve to serve you and the public. When they thus contribute their

time and labor it is not fair, equitable or right that you or your State Society should expect and cause them to pay the expense that is entailed by reason of their work and attendance upon committee meetings and deliberations. Committee members working in your behalf and in the interest of your personal welfare should be remunerated for the actual money they expend in travel. It is the opinion of those competent to judge that if a fund is provided for each committee to defray its actual expense, the purpose for which they were created, the results that they will attain and the state-wide benefits that will accrue will be realized in a full and commendable degree. You will personally profit by the results. An increase in dues will make this possible. Benefit number three that will come to you individually from an increase in dues will consist of active, state committees producing desired results.

4. It is not necessary to set forth reasons as to why we have definite responsibilities pertaining to the education of the public in regard to the established facts and truths of scientific medicine. A definite duty rests upon the profession as a whole and upon every individual doctor. We cannot shirk this responsibility. We dare not continue to fail to accept this task. We can find no just reason as to why we should decline to direct and carry on this educational movement. Our Joint Committee on Public Health Education has initiated the work. Its committee members have commendably contributed their time, thought, effort and personal funds. They have but barely laid a foundation. We refer each member to their annual report as contained in this issue. Their corps of speakers have carried on in a splendid manner. They are working for you as an individual and you profit from their work. They contribute their time when they fulfill their lecture engagements. It is not fair or equitable to ask or expect that they should pay from their own funds travel expense. An increase in dues will enable the State Society to reimburse them for their travel expense and will also enable the Joint Committee to extend and expand its work. The benefit that you will receive will be the acquitment of the profession in regard to this responsibility that you as a doctor and the Society as a whole owe to the public in enlightening them as to modern, scientific medicine and dispelling their ignorance as to vague, nebulous and untenable theories. That will be benefit number four.

5. As a Society and as individual doctors we have a responsibility and we owe a duty to the legislative bodies of our communities and state in advising them regarding the provisions and regulations that are proffered for enactment for the conserving of public health and the application of health principles. We do

not refer to selfish or base ends. To so serve, to so contribute to the health welfare of the public we must provide for committees and conferences. Such committee men serve you and they, too, should be reimbursed for the actual expense incurred. Increased dues will create such a budget and your fifth benefit will be the satisfaction and knowledge that will be yours individually and the Society's as a whole that you have met up to the spirit of the times and have contributed to secure sane, constructive, conserving health and medical legislation that is for the ultimate benefit and profit of the people of Michigan.

6. Every worth while and effective organization must have a directing head. There must be one individual who will direct and supervise the organization's activities and bring about a uniform application of effort. What is everybody's business is nobody's business, and when a balance is determined, the end result is not what it should have been. When our scope of effort was somewhat limited and our purposes of organization were not so diversified, our present plan of supervising officers was fairly, though never wholly, satisfactory. Some ten years ago your Secretary-Editor indicated and recommended the securing of a full-time Executive Secretary. That recommendation was concurred in and reiterated by Dr. Reuben Petersen during his term as president. We have repeated it on numerous subsequent occasions. Such a full-time Executive Secretary was not possible because of insufficient funds. A full-time Executive Secretary will be able to visit every county in the state and not spend a few hours, but days in each county. He will be able to aid in building up County Societies, increasing county activity, solving county problems and ironing out county difficulties, inspiring a constructive program of county accomplishments, increasing membership and a host of similar county activities. He will enhance and enrich the value of our Society as a whole and will up-build our county units. Such an official will be an inspiring, accomplishing, executive head for our State Society. In a subsequent editorial we purpose to outline in extensive detail all the results that will be possible if we secure a full-time Executive Secretary. For the present we assure you that the sixth benefit that will ensue from increased dues will be a revived, energy-radiating State and County Society in which the benefits that will come to you will be a hundred fold greater than the annual dues that you pay. A moment's reflection will reveal the potent benefits and possibilities that will be yours when the services of a full-time Executive Secretary is available.

The Council has discussed and has in mind other policies and plans that it purposes to institute and which will only be possible when

added revenue is made available by reason of increased dues. We shall discuss them in subsequent issues of The Journal. For the present we urgently request that you give considerate and constructive thought to the reasons enumerated. In doing so we feel certain that you will coincide with the final conclusion that the House of Delegates acted wisely in increasing the annual dues to provide funds that are so necessary in order that the Society may meet its obligations. It must be evident that added funds are vitally necessary. It is conclusively apparent that to progress, additional revenue is requisite.

The increase is a five-dollar increase over our present dues. The entire amount will be appropriated entirely to Society work and work that is directed to benefit the public and the individual member. This increase represents an added monthly increase in dues of *forty-three cents*. The annual dues of \$10 represents a monthly rate of *eighty-three and one-third cents*! That is not an amount that merits much talk or bickering. It is an amount that is ridiculously small. It is an amount that quadruple our activity. We do not believe that there is any doctor, any reputable medical man that cannot afford to pay *eighty-three cents* per month to support his State Society. It cannot entail a hardship. It is a mighty small assessment that is placed upon you to support the parent state organization of your profession. It is an amount that you spend foolishly, several times each week. It is an amount that belittles and rejects all possible real or fancied objections. We do not believe that you will want to reply, when asked, "That you dropped out of the ranks and resigned your membership in your County and State Medical Societies and relinquished your affiliation with the American Medical Association because the *monthly dues were eighty-three cents*." What club, lodge, group or organization do you belong to, take pride in, profit by reason of your membership and support, that requires so low a membership fee? What organization can or will do more for you and your professional life than your County and State Medical Society?

Yes, we are aware that in addition to this eighty-three cents per month you also must pay your local, County Society dues. These vary from one, two, three, five, ten and fifteen dollars additional. Thirty per cent of our members will be called upon to pay a total of *twelve dollars* per year medical dues—*one dollar per month*. Forty per cent of our members will be called upon to pay *fifteen dollars* per year—*one dollar and twenty-five cents per month*. Thirty per cent of our members, the Detroit doctors), will pay *twenty-five dollars* per year, medical dues—*two dollars and nine cents per month*. Is this exorbitant, unreasonable, a burden, or oppressive? We believe

not. If there be any that think so, we urge that they openly advance their reasons.

There will possibly be those who will say, "This increase in dues is right," "this increase of dues is not a burden," "this increase in dues is satisfactory." "I can afford this increase," "I am for this increase in dues"—BUT—"How do I know that this increased income is going to be spent and will be used to carry out the plans and purposes outlined?" Our answer is: You have the word and the integrity and honor of your chosen officers as assurance. An accounting is made annually. Reports of accomplishments are published frequently. You will be able to perceive the results in your own county. Can any one demand or expect greater assurance?

As has been intimated, the Council has directed that the Editor shall set forth these reasons that justify this increase in dues. The Council further directs that pertinent inquiries shall be frankly answered, that just criticisms, if there be any, shall be imparted and answered and that every member shall be fully enlightened upon the subject. The Secretary-Editor invites such requests and inquiries and pledges to place full information in the hands of every inquirer.

The Councillors request and urge County Officers to acquaint their members with these facts and with the above information. Delegates who were present at the Annual Meeting in Mount Clemens are requested to report to the members whom they represented and impart to them as to why they voted for an increase in our annual dues.

We have that pride, that faith and that full degree of confidence in the men, members, County Societies and doctors in Michigan that when they are advised as to the whys and wherefores and the actual purposes that caused the advancement of our annual dues, that the action of the House of Delegates will receive unanimous endorsement and support. We are firm in the confidence and conviction that the medical men of Michigan will accept and willingly rise to the occasion to thus support their State Medical Society and cause it to assume, maintain and advance the true objects of our Society in serving the people of Michigan. As members of the Medical profession in Michigan, and standing out before the people of our State and nation, we are confident that there will be a unanimous endorsement of this step that will record a new era of commendable, constructive, progressive accomplishments in the history of our State Medical Society.

THE MOUNT CLEMENS MEETING

The 104th Annual Meeting (59th since re-organization) has become a part of the official records and history of our Society. The meet-

ing was an epochal one in our organizational life and pronouncedly recorded a distinct advance in our march of progress. The action taken by the House of Delegates definitely declared that the medical profession of Michigan recognizes its responsibilities and duties to themselves and to the public. The Society seriously assumes these duties and sets forth, by definite action, to accomplish their consummation.

As an organization of medical men, passing events, civic progress and our relationship to an awakening public sentiment, we are confronted with new and ever increasing responsibilities and demands. If we are to meet up to these present-day problems if we are to accept the mandates of the times, and if we are to acquit ourselves of the obligations they impose, then it becomes imperative to formulate policies and determine methods whereby we, as an organization may be enabled to undertake the work that is thrust upon us. Should we as a profession manifest indifference, neglect these obligations and content ourselves with an attitude of somnolence, then the day would not be far distant when justification for continued organizational existence would cease to be evidenced.

We are delighted to be able to record that the Delegates were not unconcerned. We congratulate them and the members whom they represented because they were alert to the situation and because they instituted ways and means for advancement and progress in our organizational activities and life.

Summarized, these new measures may be recorded as follows:

(a) Providing of funds by increasing the annual dues to \$10.00 per year.

(b) Providing for means whereby a full time, executive field Secretary, working under the direction of the Council and the Secretary-Editor, may be secured.

(c) Providing means whereby the Council may institute post-graduate clinical instruction for the benefit of our members by conducting them in the District and County Societies.

(d) Providing for the continuation and extension of the work of the Joint Committee on Public Health Education and its corps of speakers.

(e) Enabling the Council to increase the scope, value and size of The Journal.

(f) Creating plans and policies that will increase the value of membership and contribute to each member a greater return and benefit of membership.

(g) Enhancing the prestige and educational influence of the Society, thereby causing it to become potent for public and civic good.

These are the outstanding features of our progressive movement and increased organiza-

tional activity. We refer our members to the official minutes and editorials in this and subsequent issues of The Journal.

The official registration of the Mount Clemens meeting was 462. This number does not represent the actual attendance for the reason that a goodly number of members residing in Detroit and the surrounding territory attended the meetings of the Scientific Sections, driving in and home each day without registering. It may be reasonably estimated that 600 members participated in the meeting's activities.

The profession of Mount Clemens, under the leadership of President Folsom and Secretary Wolfson of the Macomb County Society were entertaining hosts, ever solicitous of our comforts and interests.

For the first time in fourteen years it was necessary to open a ballot box for the election of a President. Two candidates were placed in nomination for the office of President in the persons of Doctors W. K. West of Calumet, and C. C. Clancy of Port Huron. Both candidates were of splendid presidential calibre. This friendly, spirited, good natured and wholesome campaign resulted in the election of Dr. C. C. Clancy of Port Huron as President by a vote of 171 to 118. The other officers elected were as follows:

VICE PRESIDENTS

- 1st Vice-President, Dr. Henry J. Berry, Mt. Clemens.
- 2nd Vice-President, Dr. F. W. Garber, Muskegon.
- 3rd Vice-President, Dr. Henry Cook, Flint.
- 4th Vice-President, Dr. Harvey Miller, Gladstone.

DELEGATES TO A. M. A.

- Dr. A. W. Hornbogen, Marquette; Dr. J. D. Grook, Grandville; Dr. Geo. Frothingham, Detroit.

ALTERNATE DELEGATES TO A. M. A.

- Dr. Carl Moll, Flint; Dr. Hugh Stewart, Flint; Dr. H. A. Luce, Detroit; Dr. C. S. Gorsline, Battle Creek.

The following members of the Michigan State Medical Society were elected as Section Officers:

SECTION ON GENERAL MEDICINE

- Chairman—Dr. Frank J. Sladen, Detroit.
- Secretary—Dr. C. F. Kashner, Grand Rapids.

SECTION ON GYNECOLOGY AND OBSTETRICS

- Chairman—Dr. Howard Cummings, Ann Arbor.
- Secretary—Dr. A. E. Catherwood, Detroit.

SECTION ON LARYNGOLOGY

- Chairman—Dr. John G. Huizinga, Grand Rapids.
- Secretary—Dr. B. N. Colver, Battle Creek.

SECTION ON SURGERY

- Chairman—Dr. J. Walter Vaughan, Detroit.
- Secretary—Dr. A. C. Blakeley, Flint.

SECTION ON PEDIATRICS

- Chairman—Dr. David M. Cowie, Ann Arbor.
- Secretary—Dr. R. M. Kempton, Saginaw.

SECTION ON PUBLIC HEALTH

- Chairman—Dr. Charles Allen Neafie, Pontiac.
- Secretary—Dr. R. C. Stephenson, Flint.

The scientific programs were of exceptional interest, merit and value. Section officers merit unstinted credit for their time and labor

spent in the preparation of these programs and conducting of sectional meetings. In conformity to custom, the papers read will be given preference and will appear in early issues of The Journal.

We have thus endeavored to set forth a brief comment of our annual meeting proceedings. We purpose commenting in extended detail upon each feature in subsequent issues. We urge that our members determine now to be interested in these reports and the information that will be imparted revealing the expansion and progress of our Society's achievements and the meeting up to the demands that the present day responsibilities place upon us.

To attain these ends we solicit a renewed subscription of your individual interest and assistance. It is only by concerted effort that we will be enabled to attain the ends sought. We request this interest and co-operation from you.

NEW MEMBER OF THE COUNCIL

Upon his election to the office of President, Dr. C. C. Clancy of Port Huron, resigned as Councilor from the 7th District.

In accordance with our Constitution and By-Laws, the President has appointed Dr. A. J. MacKenzie of Port Huron to succeed to the office for the unexpired term. The appointment has been approved by the Council and Dr. MacKenzie will therefore assume office immediately representing the 7th District.

NEW CONSTITUTION AND BY-LAWS

The amendments that were adopted at Mount Clemens provided for a revision of our Constitution and By-Laws. It was impossible to compile and correlate these changes in time to publish them in this issue. We hope to do so and shall cause them to appear in our November issue.

The changes that were made provide us with a Constitution and By-Laws that will enable our Society to achieve better and greater results from our organizational activities.

ORIGINAL ARTICLES

From time to time we receive original articles submitted for publication. At times we are compelled to return them for the reason that they are not suitable for publication. This is an unpleasant duty because it frequently inspires an enmity and unkindly feeling on the part of the author.

In view of this we believe that it is timely to set forth the desired features and quality that cause a paper to be appraised and passed as suitable for publication. Before doing so, permit us to briefly set forth the different classes of readers we must cater to. They are the men who are engaged in the practice of general medicine and surgery, and that other

class of practitioners who limit their work to one of the some ten lines of specialties. In general, in each issue we must include such original articles so as to provide one article that will interest members of the six general major divisions of medicine and surgery. These are our readers.

Our long established guide has been that an original article must not be a compilation of what other authors, writing on the same subject, have previously said or written. Neither should it be a compilation of text book statements. The exception, however, exists that such compilations are pertinent and germane when the writer includes a series of case histories and results which corroborate the quoted texts that he submits to establish the conclusions he reaches.

In general, an original article should impart either: personal investigations or observations, personal researches, studies of a given number of cases, methods of diagnosis, laboratory work, treatment results in a given number of cases and the writer's personal opinions, recommendations and conclusions. The article then becomes an original contribution on the part of the author and imparts his personal observations, work and results. It possesses in itself intrinsic merit. It is not a review of what another has said or written.

Failure to observe these basic requisites is the principal cause for declining to publish an original article.

Frequently, and very properly, a member selects a subject and spends much time and labor in reviewing the literature and quoting the conclusions of authorities upon the subject. His paper splendidly sets forth present day opinions on the subject. It is an excellent review but incorporates nothing as to his own personal experiences or results. It is a paper that he reads before his County Medical Society and he thereby acquaints his fellow members with the latest authoritative information on the subject and serves his fellow members by imparting that information. It is a type of paper well chosen for County Society presentation. The members appreciate it and often they voice their appreciation by moving that it be sent to The Journal for publication. Then there is created the embarrassing situation for the Publication Committee because the article does not possess the requirements established for original articles.

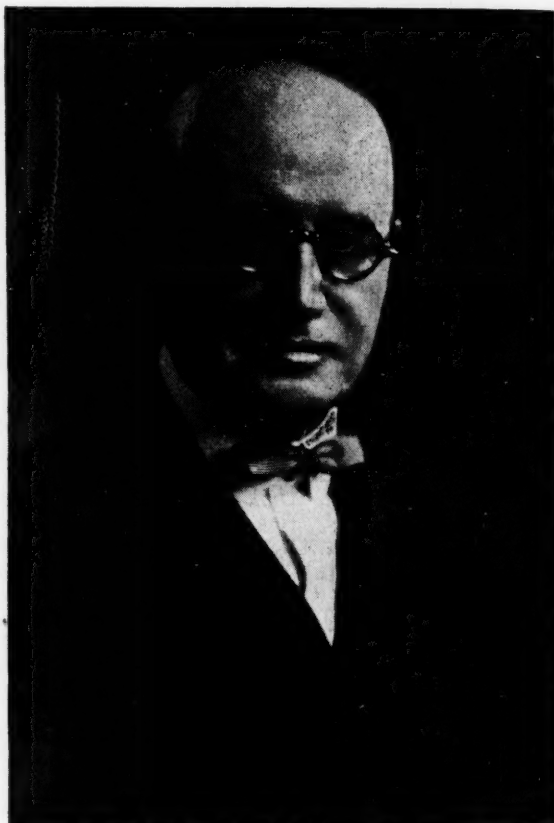
It is an article that will not serve the desires of our readers. It is an article that contains nothing but what has been printed in other Journals or text-books and so fails to come under the classification of original articles.

We trust that our members will perceive this fact and also recognize why The Journal cannot keep reprinting extracts and compilations and serve its entire list of readers.

Individual case reports, individual experiences, individual, isolated cases are solicited and their submission for publication are urged. We cannot, however, unless in isolated exceptions, accept as original articles those papers that do not contain individual or personal findings. In brief—"quoted extracts," compiled in form, is not an original article—it is a review.

PRESIDENT C. C. CLANCY
1924-1925

By the registered preference of our members, Dr. C. C. Clancy of Port Huron was elected President of our Society for the year



CHARLES C. CLANCY, President
1924-1925

1924-1925, at our Annual Meeting in Mount Clemens.

Dr. Clancy was born in 1858 in Ontario and received his education in Assumption College. He graduated from Queen's University Medical School in 1883, and located immediately in Port Huron, where he has been continuously engaged in medical practice. He has been affiliated with his County, State and American Medical Associations since the reorganization in 1902.

During the past four years he has been a member of the Council of our State Society. During the war he was a member of the St. Claire County War Board. He has always been an active, interested participant in the affairs of his home city and enlisted in every

movement that purposed community interests and welfare.

Pleasing in personality, keen in judgment, fair minded and favoring honesty and intrinsic merit, forgetful of self, while seeking the good of the group and inspiring nobility of purpose and zeal, Dr. Clancy possesses outstanding qualities that command esteem and respect. We are honored in having him as our President. We are assured that he will concern himself to further the best interests of our Society.

We believe that the Referendum seeking to establish a State Income Tax law is of vital importance and interest to every member. To acquaint you with its features and purposes we are publishing the following pertinent editorial that appeared in the Grand Rapids Herald:

THE PENDING MICHIGAN STATE INCOME TAX CONSTITUTIONAL AMENDMENT IS A MONSTROSITY THAT MUST BE DEFEATED

The welfare of Michigan demands that the electorate should be thoroughly informed regarding the State Income Tax Amendment to the Constitution which the Michigan State Grange has initiated and which will be voted upon by the people next November. This Amendment proposes to start a 5% State Income Tax on incomes of \$4,000 to \$20,000 and finish it at 10% on incomes over \$100,000. It eliminates all incomes under \$4,000 for the frank purpose of "getting votes" from the multitude, which, presumptively, will be willing to favor concentrating this State Income Tax on 33,000 people out of 4,000,000. This is an appeal to sordid cupidity, but not to justice and fair play in taxation—a principle upon which America was founded. It pretends to offer itself as a partial substitute for the General State Property Tax by providing that the Income Tax proceeds shall be deducted from the total of Legislative appropriations before the balance is spread on general property; but it guarantees nothing in this respect because the General Property Tax will remain and the Legislature can use these funds as it sees fit. The Herald believes in and will support a legitimate State Income Tax Amendment. But it believes that this pending proposal is without a shred of justification and that it must be defeated (1) because it undertakes to write the details of a tax law into the Constitution where not a single percentage can be changed without a vote of the people, no matter how impractical or fatal some of this arithmetic may prove to be; (2) because it is not a guaranteed substitute for other forms of taxation; (3) because it is grossly "class legislation," which would be more likely to drive large incomes out of Michigan than to encourage their use in Michigan; (4) because a tragic failure, such as we be-

lieve this would be, would hazard the popularity of the whole Income Tax Principle (the soundest of all tax principles). The Herald regrets to disagree so emphatically with its long-time friends of the Michigan State Grange. But it believes that the Grange is wrong—and that the time will come when the Grange will thank us for saving it from fatal error.

Thirty-three States have no State Income Tax Law. Fourteen States have some form of a State Income Tax Law. Only nine of these are of a sufficiently general and established nature to be useful for comparison. Five of these States start the tax on incomes of \$1,000 (for single folk) and \$2,000 (for married folk). One starts at \$1,000 for both. One starts at \$800 and \$1,200. One starts at \$1,000 and \$2,500. One starts at \$3,000 and \$4,000. This Michigan proposal makes no exemption discrimination between single and married taxpayers, but starts on all at \$4,000. It starts, in other words, at a *higher* point than any other State Income Tax Law in America.

Among these other nine states, the initial Income Tax percentage starts as follows: Arkansas, one mill; Oklahoma, seven and one-half mills; New York, Oregon, Virginia, Wisconsin, North Dakota and Delaware, one per cent; Missouri, one and one-half per cent. This Michigan proposal would start at five per cent—a *higher* point than any other State Income Tax in America.

Among these other nine States, the highest Income Tax percentage on any income runs as follows: Arkansas, one mill; Missouri, one and one-half per cent; Oklahoma and Virginia, two per cent; New York and Delaware, three per cent; North Dakota, Oregon and Wisconsin, six per cent. This Michigan proposal goes to ten per cent—a *higher* point than any other State Income Tax in America.

The Herald believes these statistics are approximately correct. They have been checked to the best of our ability in a long and careful survey. If there are any differences they are of minor import.

These statistics show that the Michigan proposal is without a single precedent in all the history of State Income Taxation in the United States. They prove that the Michigan proposal is wholly and completely an economic experiment, without one single justifying precedent. Nobody knows how these excessive exemptions and these excessive percentages would work—not even those Grangers who drew this Amendment without accepting the recommendation of other State Income Tax Laws in other States.

Yet—though it is obviously a radically experimental proposal from one end to the other—this Michigan thing comes in the form of a

Constitutional Amendment which would imbed all of this speculative arithmetic in the Constitution itself, where it never can be changed without a vote of the people. It would be a statute with all the permanence of a Constitution.

Listen! In not one single State which has any form of a State Income Tax Law, is there any word in any State Constitution about the size or extent or other details of what the tax itself actually shall be. This is the case in all fourteen States. The only remote exception is in the case of Virginia, and here it is merely a Constitutional provision that no tax shall be levied on incomes under \$600. Every State leaves the details of income tax arithmetic to its Legislature, where it can be changed from time to time in conformity with experience and in relation to the State's fiscal needs. There never was an Income Tax Law, State or Federal, yet passed—no matter how earnestly the best economic experts in the land worked upon it—which did not prove bad in spots, and which did not need a variety of changes and improvements. There never was a tax law yet which did not have to change with time and experience. Yet Michigan is asked to ignore all these warnings of history and of common sense, and to write into the *Constitution* (where any changes, big or little, can come only by a vote of the people) the details of State Income Tax schedules which are not the work of economic experts and which violate every precedent and every rule of experience. We have no hesitation in calling such a thing a sheer monstrosity. Though pretending to encompass the details of what ought to be statutory action, the Amendment is wholly inadequate and impossible—even as a Statute—in its lack of essential details and discriminations. It is not a finished product. It is, in reality, neither Statute nor Constitutional Amendment. It is hybrid—a poor cross between both, inheriting the virtues of neither. It would invite a thousand interpretative lawsuits—plus tax chaos. Economics cannot be mastered in any such way. It is folly to attempt it.

Wisconsin was the original Income Tax State. It has had a longer experience with State Income taxation than any other Commonwealth. It knows more about State Income Taxation than any other Commonwealth. Yet this is all the Wisconsin Constitution says upon the subject:

"The rule of taxation shall be uniform and taxes shall be levied upon such property as the legislature shall prescribe. Taxes may also be imposed upon incomes, privileges and occupations, which taxes may be graduated and progressive and reasonable exemption may be provided."

The first sentence was incorporated into the Wisconsin Constitution in 1848. The second clause was added in 1908. Compare that with the long, tortuous Amendment—attempting numerous details, but ignoring many other details equally vital if details are to be embraced at all—proposed in the name of the Grange! Secretary Myrland of the Wisconsin State Tax Commission says: "*Of course* we do not prescribe details in the Constitution, but reserve them for the Act itself." *Of Course* the Michigan proposal should not prescribe details—but it does. And the details themselves are an abortion. Wisconsin starts its tax at \$800 and \$1,200 incomes (with additional exemptions of \$200 for other dependents.) Michigan proposes to start at \$4,000—(in order to get more votes from the larger field exempted). Wisconsin rates graduate from 2% to 6% on corporate income, and from one per cent on the first \$1,000 of personal income to six per cent on \$12,000 and thereafter. Michigan proposes to start at 5% and finishes at 10. This Michigan proposal, in other words, out-Wisconsins even Wisconsin!

Some States have had the wisdom to substitute State Income Tax Laws for General property Tax Laws—notably, Massachusetts and North Carolina. That substitution is necessary, as we see the problem, in order to make the principle wholly safe against exploitation. In Arkansas the State Income Tax is for the sole use of the public schools. In Texas, State Controller Smith tells the Herald there is "a growing sentiment in favor of the substitution of income taxation for general property taxation." Various of the States have different refinements of detail—basing the State Income Tax relatively on the Federal Income Tax (whatever it may be from time to time) and requiring that the State shall be paid at the rate of one-third the tax paid to the Federal Government. But no State has any such monstrosity as that proposed for Michigan and the Herald is unable to concede a single sound reason why this pending Michigan Constitutional Amendment should not be voted down. It would be dangerous to the whole economic structure of the Commonwealth to inject this unprecedented and unsound exaction into the basic law of the State. But *it will be thus voted* unless all those who believe in sound taxation and sane Constitutionalism—including thousands of Grangers themselves—awaken to the imperative need to forestall this menace.

It may be discouraging to those who believe in a sound State Income Tax principle, as do we, to face another long delay until the *right* kind of a State Income Tax Amendment to the Michigan Constitution can be drawn. But there is no alternative. The Herald warned the

Grange that it was precipitating an impossible issue. We spoke in ample time. We cannot be accused of mere obstruction. Now Michigan *must* defeat this pending measure, and those who believe in the State Income Tax principle, soundly organized and administered, must then make a fresh start. The Grand Rapids Citizens League spoke out this week against the pending Amendment on the theory that Michigan should not place herself "in the same category with several other States which inflict a State Income Tax." While there is something to be said for the Citizens League's theory that the conflict between Federal and State Income taxation needs liquidation before there is further expansion in the latter direction, and while the Republican National Platform proposes tax conferences to serve this desirable end, our own objection to the pending Amendment is on a different basis. This pending Amendment would *not* put us in "the same category with other Income Tax States." It would "put us in a category" all by ourselves—unprecedentedly lonesome in an unparalleled adventure foreordained to disaster.

THIS IS THE PROPOSED AMENDMENT TO THE CONSTITUTION, WHICH WILL BE SUBMITTED TO THE VOTERS AT THE NOVEMBER ELECTION.

Section 3. The legislature shall provide by law a uniform rule of taxation, except on property paying specific taxes, and taxes shall be levied on such property as shall be prescribed by law. The legislature shall provide by law a scheme of taxes upon the net gains, profits and incomes of all citizens and inhabitants of this state, from whatever source said gains, profits and incomes are derived, which tax shall be graduated and progressive as follows:

There shall be an exemption of \$4,000 per annum of all incomes.

Incomes of from \$4,000 to \$20,000 per annum shall be taxed at the rate of 5 per centum.

All incomes above \$20,000 up to and including \$40,000, shall be taxed at the rate of 6 per centum.

All incomes above \$40,000 up to and including \$60,000, shall be taxed at the rate of 7 per centum.

All incomes above \$60,000 up to and including \$80,000, shall be taxed at the rate of 8 per centum.

All incomes above \$80,000 up to and including \$100,000, shall be taxed at the rate of 9 per centum.

All incomes above \$100,000 shall be taxed at the rate of 10 per centum.

The income tax law, herein authorized

shall be administered by a board of state tax commissioners.

All monies paid to a board of state tax commissioners under the provisions of this amendment shall be paid into the state treasury and shall then be credited to the general fund of the state, and shall be used for defraying the general expenses of the state government and for the payment of principal and interest on state bonds.

On or before the first day of September of each year, the auditor general shall deduct from the total amount directed by the legislature to amount of money received under the provisions of this amendment and credited to the general fund of the state for the current year and the balance, if any shall be deemed, to constitute the state tax to be apportioned among the various counties of the state in accordance with the provisions of the general tax law.

OBSTETRICS

What is the matter with obstetrics? That is the query that is being put at frequent intervals and on varied occasions all over the country. Maternal morbidity and mortality has not been reduced in this country during the last twenty years. According to census reports 16,000 women die in labor annually. Puerperal septicemia and eclampsia cause at least half of the deaths. What is the matter? DeLee, in a report of 40,000 labors, cites no deaths from eclampsia. The symptoms of a complicating nephritis can be detected before the convulsion stage arrives. Why isn't it being detected?

Holmes, in 1845, pronounced puerperal infection a private pestilence. Today we are familiar with the causes of infection and their prevention, still why so many deaths from infection? No, the midwife is not the culpable party. Possibly the responsibility lies closer to home and in our attitude of placid resignation we are stumbling over it daily and give it no thought or recognition.

The rich and poor receive creditable obstetric care because of the hospitalization they are able to secure and because in the hospitals they are under the care of trained specialists in obstetrics. It is the middle class women, who cannot afford hospital care or trained specialists that pays the mortality penalty. She consults the general practitioner, the middle class medical man, and there is the basis of our trouble.

Let us face the situation squarely. It was Dr. J. Whitridge Williams who stated:

"Among ourselves, as specialists, individualism is possible and desirable. Individualism, however, will not solve the problem for the general practitioner. He must be satisfied with a generalization of the minimum standard of obstetric management.

"Certain procedures are now recognized as a part of the routine technic of good obstetrics, that a decade ago were certainly individual, especially those relating to diagnosis and asepsis. The general practitioner, who, as a medical student, failed to acquire the fundamentals of obstetrics, or if he acquired them, fails to apply them, accepts his morbidity and mortality as inevitable because he is callous to their significance.

"If every general practitioner, nay, if every man who undertakes the care of a maternity case, could be compelled to take a short postgraduate course every five years, induced to occasionally attend one of the clinics now being held annually in many of the large centers, and be urged meantime to read the standard medical journals, the result would be quickly appreciable upon the statistics of maternal morbidity and mortality. These have been so long stationary that they seem, as it were, to have become a permanent reproach to the doctors of this country."

That seems to summarize the opinion throughout the country. If that summarization is correct, then there is but one course, and that is for the medical man to perfect his technic. We realize his fees are small and the demand made upon his time by these cases is great. Many dislike and hate confinement cases, still they accept them to hold the families as patients. Struggle for practice and existence is difficult, but no justification exists for inferior medical obstetrical care or neglect, simply because you receive small fees or want to hold the family. There can be but one conclusion—if you accept an obstetrical case you must provide modern obstetrical care during the prenatal period and during labor. If you are unable to do this, are not equipped, are not versed in modern principles and practices, then there is no justification in accepting the case. If a mortality results you are directly responsible if it resulted from inadequate care. Do you want to accept that responsibility?

The solution is—men who will limit their work entirely to obstetrics and doctors who have consciences sufficient to dare to decline accepting obstetrical cases because they are not modern in the care they give.

We shall temporarily rest our argument at this point. We invite further opinions for publication. Will you not reflect and then write us your conclusions?

COUNCIL COMMITTEES

Chairman J. B. Jackson has appointed the following Standing Committees of the Council for the ensuing year:

Publication: Stone, Bruce, Darling.

Finance: LeFevre, Green, Baird.

County Societies: Corbus, Randall, Ricker.

The Executive Committee of the Council is composed of the Chairman and Secretary of the Council with the Chairman of the three Standing Committees. The Executive Committee plans holding monthly meetings during the coming year.

I WILL

Be so strong that nothing can disturb my peace of mind.

Make all my patients feel that they will recover.

Only think of my mistakes in the past, that I may do more for my patients in the future.

Give much time to the improvement of myself so that I will not have time to Criticize my Brother.

Remember the greatest thing in Life is doing for Others.

Learn from the Chinese: "Too large for worry, Too noble for anger, Too strong for fear, Too contented and happy to permit trouble."

—The Morton Hospital, San Francisco.

Editorial Comments

Summarized, the increase in our annual dues will make possible the following increased activities of your State Society:

1. County Society Post-Graduate Clinics.
2. Public Health Extension Education.
3. Education of the Public as to Scientific Medicine.
4. Committees with Budgets enabling them to better perform their work.
5. A full time Executive Secretary traveling about the State in our interests.
6. A larger, more valuable State Journal.
7. Clinic Weeks in Councilor Districts.
8. Expansion of the work of the Joint Committee on Public Health Education.
9. Moulding of sound public opinion regarding medical legislation.
10. Making possible more personal assistance to individual members.
11. Increased total membership and membership solidarity.
12. Annual Meetings with increased Clinical Features.

These must be admitted as desired and essential features of our Society's scope of usefulness and justification of existence. Under our present income it is impossible to accomplish a single one of these purposes. As an organization we must progress. To stagnate means but one end and that is disintegration. We believe that this proposed program will receive unanimous endorsement and that each member will welcome the inauguration of these announced activities by their State Society.

At stated intervals during the past ten or more years we have urged and urged our members to examine those who came for consultation or to whom you were called. Examine each patient, not superficially, but thoroughly. A few questions, a feel of the pulse, a look at the tongue, a stethoscopic examination of the heart or lungs without removal of the clothing is not an examination. We urge once more that you form the practice of thorough examination of your patients—why? A

recent survey in Philadelphia revealed that 86 per cent of private patients and 97 per cent of dispensary patients stated that they had become dissatisfied with former physicians because they had not been examined, or examined so superficially that they considered the examination valueless. Sixty per cent of these patients volunteered that they were perfectly willing to pay for services if they could feel that they were being carefully studied and efficiently treated. Of the number, 34 per cent had consulted irregulars and cults because of not having been given complete examinations. This desertion of the medical profession emphasizes once more the need of careful physical examinations. This is an age in which the public demands efficiency and when we fail to demonstrate efficiency the public is going to seek it elsewhere. Once more, we urge thorough, systematic examination of every patient consulting you.

Your interest, your initiative and your activity added to that of your fellow member determines the value of your County Society. If you put nothing in, you cannot expect to withdraw anything. If your meetings are uninteresting it is because you fail to contribute to the interest fund. The mere payment of your dues will not create a valuable, active County Society. Numerical strength is but a minor feature. Numerical strength plus numerical effort and interest is the one essential factor. Your meetings are now being resumed after a summer's recess. Join with your fellows in outlining a plan of meetings and activity and then contribute a full measure of interest and participation. The result will be an active, live organization in your County that will gain in personal value and profit to you. Remember that it is a personal reflection upon you if you have a dormant County Society. If you do your part it will result in a live organization. What are you going to do about it?

A Conference of State Secretaries is scheduled for November 12 at the American Medical Association headquarters in Chicago. These annual conferences have done much to bring about a unity of purpose and activity on the part of State Medical Societies that is now producing a dividend for the individual doctor. It is illustrative of organizational accomplishment in contra-distinction to individual or disassociated effort. Credit for thus bringing about a unity of effort must be given to the officers and Board of Trustees of the A. M. A. It evidences the work of the A. M. A. and presents one more reason why you, doctor, should become a fellow of the A. M. A. If you have been indifferent or careless, we once more urge that now is the time to file your application for Fellowship. You profit by the achievements of the A. M. A. and in addition you will weekly receive the Journal of the A. M. A., which is a post-graduate and extension lecture course in itself. We urge with positive emphasis that you file your application this week.

As a member of your County and State Medical Society, you are supporting and participating in the organizational work in your own State. There are national problems that affect and concern you. They can only be solved and adjusted by national effort and activity. The national organization that is concerning itself with these problems is the American Medical Association. Because it does concern itself with national affairs that affect individual doctors this

American Medical Association should receive the support of the individual doctor. This may be contributed by your becoming a Fellow of the American Medical Association. We earnestly recommend that you subscribe to Fellowship today. In addition to all the other benefits you will receive, each week, The Journal of the American Medical Association. The entire cost is but \$5.00 per year. Join now. Subscribe your personal support by so doing. Send for an application blank by applying to Dr. Olin West, Secretary, American Medical Association, 535 N. Dearborn street, Chicago.

It seems that one encounters that "tired feeling" more frequently than in years past. Your business man, banker, clerk, society matron and broker seemingly go stale at frequent intervals and feel the need of a vacation several times a year in place of the accustomed yearly vacation. We are not willing to admit that physical resources are lower or that present day physical demands are greater. It is more reasonable to assume that with congested population and with streets as well as country roads marked with a continuous cloud of smoke from auto exhausts that we are breathing devitalized air heavy with carbon monoxide. We are being steeped in carbon monoxide air and inhaling small continuous amounts of that poison. It is this that saps our pep and lessens our activity. We must limit this nuisance by some means and in the meantime get out where autos do not contaminate our breathing air—or take frequent vacations.

We trust that every member acquitted himself of his citizenship responsibilities and registered in his voting precinct or district and is entitled to vote on the November Election day. When the time comes for you to cast your ballot may you have taken the trouble to have informed yourself fully on the issues that present. Your vote should be cast after deliberate reflection and on principles and not party lines. We are not urging or advocating the interests of any candidate or party. We simply urge that you be not misled by distorted, incomplete or inaccurate propaganda or political harangue. Draw your individual conclusions from complete and relative information. Vote for those candidates whom you sincerely believe will be true to their constituent's interest. Lastly, vote and register your governmental preferences. To fail to vote is well nigh a traitorous act.

As we have frequently observed, there are some seventy different so-called and self styled doctors, holding forth as being competent to serve the public. They subscribe to as many different theories and principles. The public is unable to distinguish them from the regular Doctor of Medicine. It is but proper and right that an easy method of differentiation be established. There is no easier or effective method than to use the abbreviation of your title, "M. D." in place of "Doctor." Remove the "Dr." from your letter heads, prescription blanks, windows, office doors and telephone directories and use "M. D." in its place. To do so is to set forth an effective means that will enable the public to distinguish you from the horde of alleged doctors.

Personal advertising in the form of paid advertisements, repeated personal items or professional activity is tabooed by the principles of ethics of the American Medical Association. What applies to the individual doctor likewise applies to the "group," clinic and hospital. Censorship is promptly brought

upon the individual when he violates this principle. The same censorship should be meted out with greater promptness and force when the offender is, a clinic, group or hospital. Such combinations have no greater skill or ability to advertise than has the individual and a pretentious name, equipment or combination does not imply inherent exceptional ability or skill. County Societies should censor all such attempts.

Again we stress the need that you take the time to carefully read and reflect upon the minutes of our annual meeting that are contained in this issue. Don't simply scan these pages. Read fully the annual committee reports. Call these recommendations to the attention of your local Society. Volunteer to assist in instituting these features in your own country. Do your part to obtain the fullest benefits of membership. Don't shrug your shoulders or think that you are too busy. There is a vast amount of personal satisfaction in aiding to advance the ends sought by medical organizations. Join in with spirit and vim.

Join your County Society. Having joined, become more than a dues paying member. Become active in its work—program, committees and clinical. You will receive in return just what you put in. If your County Society does not interest you it is because you fail to contribute to make its meetings and work interesting. Let this fall and winter witness an avowal on your part to become an active member. It is your fault if you have a dead County Society and it is to your personal dishonor and discredit if you do not participate in its work.

Presidents and Secretaries are requested to advise their members regarding the annual increase of State dues. This increase is effective for the year 1925. If any questions arise, or if further information is desired, your correspondence will receive prompt attention. It would be appreciated by the Council if each County Society would officially approve and endorse the action of the House of Delegates and so advise the State Secretary.

Under our present income from dues it is impossible to pay actual expenses of our Annual Meeting, Committee work, printing, postage, etc. Added dues are imperative to meet needed expense. Increased dues are needed even though no new work is undertaken. The House of Delegates increased the dues because such action was imperative. We refer you for full particulars to the Editorial in this issue—"Why an Increase In Dues."

Of course, you are going to read the minutes of the Annual Meeting and then you are going to get busy and aid in putting these new plans into effect in your own County Society. One of the first things you are requested to do is to urge everyone of your fellow members to read *The Journal*. It is going to contain some mighty important announcements during the next three issues. Be on the alert.

At a meeting of the Board of Trustees of the American Medical Association, Atlantic City was determined upon as the place for the holding of the 1925 Annual Meeting. The dates are May 25-29.

President Clancy is giving careful consideration to the selection of appointees for Committees. Announcement as to selections made will be made in our November issue.

Correspondence

The Editor of the Journal of the Michigan State Medical Society:

In your last issue appeared an article on Mobilization Day to which I would like to take exception.

That you should espouse the party and policies of the Messrs. Newberry, Daugherty, Fall, Burns, Dr. Coolidge, et al. to a 100 per cent degree is your own private affair and has nothing to do with the policy of a professional journal. When you stoop to insult people, who do not agree with you, and call them bolsheviks, politicians of the Bryan-La Follette type and fanatical preachers you grossly overstep the bounds of decency and show a great lack of tact. Allow me to call to your attention the fact that I served in the U. S. Army for six years and six months, saw service in Cuba in '98 and during the so-called Filipino Insurrection, was cited for meritorious service to the Secretary of War and was discharged with the character of excellent. I am neither proud nor sorry for my army experiences. During my stay in the army I saw enough wanton cruelty and uncalled for barbarism to turn me an uncompromising pacifist.

In regard to Mobilization Day, allow me to call your attention to a speech delivered by one Rear Admiral Rodgers at the recent Williamstown, Mass. Institute of Politics, in which he stated that it was our duty to be armed to the teeth in order to conquer "The World" as soon as the propitious moment should arise.

Again, if you should care to espouse the ideals of such preparedness and war-fans as Kaiser Wilhelm, Czar Nicholas, Hindenburg, Foch, Ludendorff, Admiral Fisher, General Bernhardt and our own General John Pershing, it is your own affair; to impose your ideas upon your readers is, to say the least, overstepping the duties as editor.

Should you continue to use the space of the paper for further political propaganda I should be compelled to ask you to discontinue sending me your valuable paper.

Very respectfully yours,

Hugo Muller, M. D., Detroit, Mich.

Comment: One Hundred per cent Americanism and 100 per cent preparedness is always and ever will be sponsored and advocated by the present Editor. Whenever individuals or groups of individuals seek to undermine and obstruct such Americanism and Preparedness we will lend these columns to assist in refuting and defeating their aims. We recognize that no party is composed of 100 per cent invulnerable members. All preachers are not holy; all lawyers are not guiltless; all doctors are not ethical. That does not condemn a profession or a party as a whole. There are undesirables in the democratic party as well as in the republican party, but that fact does not utterly condemn either party. We repeat—"We are for Coolidge and his plans for preparedness 100 per cent." We are opposed to all the "bolsheviks" of Bryan-La Follette type who condemn and obstruct preparedness. We said nothing about Coolidge as a candidate for President.—Editor.

Editor of the Journal of the Michigan State Medical Society:

I am writing you to inform you of the wonderful treatment the physicians whom attended the Michigan State Medical Society meeting at Mount

Clemens received at the Colonial Hotel by the manager, Mr. W. W. Witt, and all his employees.

Every physician who stayed at the Colonial received the very best of attention, finest of meals, privilege of mineral baths and best of rooms.

When we came to check out and ask for our bills we were informed "no charges whatever, compliments of the Colonial Hotel and its management."

This was such an unusual thing and hardly seemed possible but, never-the-less, it was true.

Don't you think the Colonial Hotel and its manager, Mr. W. W. Witt, should receive mention and thanks through the Journal and a copy sent to Mr. Witt?

If you do, please give him a "write-up" in the next issue?

With kindest regards and a prosperous year to you, I am

Sincerely

J. H. Charters.

State News Notes

COLLECTIONS

Physicians' Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

NURSES' private home, invites convalescents and invalids; best of care, fine location. R. Rs. N. Y. C. and Interurban; best of references given. For particulars write Bessie Bileth, 566 Ely Street, Allegan, Mich.

Large Eye, Ear, Nose and Throat Clinic wants a man who wishes to take up refractions. Opportunity to learn Ear, Nose and Throat work in addition, if qualified. Address Michigan State Medical Journal, Powers Theater Bldg., Grand Rapids Mich.

Dr. R. G. Owen in the Owen Clinical Laboratory.

Dr. C. C. Bailey has opened an office on Fenkell Road in Detroit.

Dr. Earnest Reinch is now associated with Dr. C. W. Husband in Detroit.

Dr. A. R. Ruskin has opened an office in Detroit at Mack and St. Jean Avenues.

Dr. Allen Kanavel, of Chicago, will address the Detroit Academy of Surgery on Oct. 9th.

Dr. V. L. Van Duzen is now located on Forest Avenue, East, near Lillibridge, in Detroit.

Dr. Eugene Smith, Jr., of Detroit, has recovered from a recent case of pneumonia, contracted at camp.

Dr. J. J. Corbett has been one of the many ardent Detroit Yacht Club yachtsmen during the past summer.

Dr. A. S. Dewitt, of Detroit, enjoyed a vacation touring through the upper peninsula and at Les Cheneux Islands.

Dr. W. J. Stapleton was installed as President of the Wayne County Medical Society at the meeting on September 15, 1924.

Dr. Robert B. Kennedy is now located at 948 David Whitney Building, Detroit. The doctor is limiting his work to Gynecology.

Dr. George J. Reberdy and his family have leased their Detroit home for the winter and expect to sail for Europe about the middle of October.

Dr. R. J. Hutchinson, of Grand Rapids, was compelled to undergo an emergency operation on Sept. 13th. On Sept. 26 he was taken to Butterworth for the second stage operation.

Prof. G. Forssell, Director of Radium Institute of Stockholm, Sweden, was the guest at the Battle Creek Sanitarium on Sept. 14th. A dinner was tendered to the Doctor to which a goodly number of medical men of western Michigan were invited.

Dr. H. W. Hewitt has been appointed Chairman of the Program Committee for the Detroit Academy of Surgery. The meetings of the Academy of Surgery are held monthly, on the second Friday of each month. It has been decided to have an out-of-town speaker the first month, and every other month after that, with local speakers for the meetings in between.

Joint Committee on Public Health Administration will hold its regular meeting at the Michigan Union, Ann Arbor, on Oct. 6th at 12 m., eastern time.

Dr. Bruce Whyte is associated with Dr. J. S. Pritchard in the Chest Department of the Battle Creek Sanitarium. Dr. Whyte was formerly connected with the Sanitarium at Saranac Lake.

The following announce the removal of their offices on October 1st, 1924, to the Grand Rapids Clinic Building, where they will continue their practices as before and conduct a general diagnostic clinic to be known as the Grand Rapids Clinic:

Dr. Alexander M. Campbell, Dr. Fred P. Currier, Dr. Thomas D. Gordon, Dr. John T. Hodgen, Dr. John H. McRae, Dr. William Northrup, Dr. Ferris Smith, Dr. Richard R. Smith, Dr. Henry J. Vanden Berg, Dr. Merrill Wells, Dr. Joseph B. Whinery.

Deaths

Dr. Charles Truman Spencer, of Webberville, Mich., died September 9th, 1924. Dr. Spencer was graduated from the Detroit College of Medicine in 1913 and was 37 years of age. He is survived by his widow and two children.

Dr. W. W. Walton of Mancelona, Michigan, died Sept. 11th as result of an operation for appendicitis. Dr. Walton was 36 years of age, and a graduate of the University of Michigan in the class of 1914. He is survived by his wife and little daughter.

The death of Dr. H. M. Holcomb of Lansing, Mich., which occurred last March, was not reported at that time. At the time of his death Dr. Holcomb was City Physician of Lansing, having occupied the position since 1921. He was 36 years of age.

County Society News

CALHOUN COUNTY

The sixth regular meeting of the Calhoun County Medical Society was called to order by Vice-President Kingsley, at Dr. Sleight's cottage, Goguc Lake, Tuesday evening, June 3rd, at 7:15 p. m.

It was moved by Dr. Stone and seconded, that the minutes of the last meeting be approved as printed in the Bulletin.

The following bills, all of which had been approved by the members of the Board of Directors present, were read: Phoenix Printing Co., printing Bulletin and cards, \$23.50; Levant Cole, flowers, Dr. Gillette, \$5.00; Dr. Squier, postage, \$2.28. Dr. Stone moved that the bills be paid. Seconded and carried.

The speaker of the evening, Dr. Dean Loree, was introduced by Dr. Hafford. Dr. Loree talked informally about the methods used in conducting St. Joseph Sanitorium. He felt that the future advance of medicine would be along hospital lines rather than group medicine. He called attention to the fact that only 5 per cent of the groups started actually survived. A number of histories were shown to demonstrate the methods of handling case records. At the conclusion of the talk, Dr. Loree was asked a number of questions concerning hospital management.

Dr. Stone moved that the Society extended to Dr. Loree and to Doctors Sleight and Haughey a vote of appreciation for the very enjoyable evening. Seconded and unanimously carried.

It was moved, seconded and carried that the meeting adjourn.

Attendance at the meeting and dinner, 34.

T. L. Squeir, Secretary.

INGHAM COUNTY

The Ingham County Medical Society held its annual picnic and steak roast at Potter Park on Thursday afternoon, September 18th, at 4:00 p. m.

Dr. A. M. Campbell was chairman of the general committee, and Mrs. H. B. Weinburgh was chairman of the ladies committee. Both committees worked hard to provide many good things to eat and many features of entertainment.

Max Wershow, Secretary.

Book Reviews

CHEMICAL DYNAMICS OF LIFE PHAENOMENA, by Otto Meyerhof. J. B. Lippincott Co., publishers.

The five lectures in this volume cover:

1. Physicochemical Mechanism of Cell Respiration.
2. Autoxidations in the Cell.
3. Chemical Relations Between Respiration and Fermentation.
4. The Transformation of Energy in Muscle.
5. The Energetics of Cell Processes.

Most of them were delivered in the summer of 1922 before the research workers of the physiological laboratories in Cambridge, England, and in a more complete form in the spring of 1923, at the Rockefeller Institute in New York.

They are not intended as an exhaustive treatment of the subject. They contain part of the results which have been brought to light on the metabolism and the energetics of cells under German and English investigators, but it is thought that they will be very welcome to American physiologists

and biologists. Included are not only the author's own studies, but part of the work of Otto Warburg on cellular physiology. The dynamics of muscle are treated in close connection with the results of the Cambridge School, particularly those of A. V. Hill. To avoid repetition, some parts of the original lectures have been omitted, while additions have been made concerning more details and the most recent results in this field of work.

MEDICAL GYNECOLOGY (4th Edition)—By S. Wyllis Bandler, M. D., Professor of Gynecology, New York Post-Graduate Medical School and Hospital. Octavo of 903 pages. Cloth, \$8.00 net. W. B. Saunders Company, Philadelphia and London.

A text that has much to commend it when the author adheres closely to his subject of medical gynecology. On the other hand the chapters on endocrine theory and treatment is superfluous. The subject cannot be discussed in one chapter. Principles and method of treatment cannot be covered in the same chapter and be of value sufficient to guide the student or physician. There are comprehensive texts on the subject that will be of greater value and assistance. We are almost inclined to say the same thing in regard to syphilis and gonorrhea. The tendencies of authors seems to be to cover every subject in anyway related to the text of their book. The result is an increased number of pages and increased cost of the book. It would be better to leave out such discussions and simply refer the reader to a reliable text on these subjects. We repeat however, that the author's medical gynecological discussions are meritorious.

PRINCIPLES AND PRACTICES OF OBSTETRICS—by Joseph B. DeLee, A. M., M. D. Fourth edition, octavo of 1123 pages, 923 illustrations. Cloth, \$12 net. W. B. Saunders Co., Philadelphia and London.

A fourth edition of this standard text is now available after a thorough revision. It is characterized by consistent conservatism and studied effort to discourage a seeming tendency toward early and often not indicated resort to obstetric surgery.

It is a text for the student, the beginner, but it is also a text for the practitioner. Especially do we lay emphasis on the fact that every practitioner accepting obstetrical cases should secure this text, study it, be guided by it and thus reduce morbidity and mortality. We urge a greater knowledge of obstetrical physiology and normal deliveries as the greatest factor in reducing our present unwarranted end results.

PATHOLOGICAL TECHNIQUE: A Practical Manual for Workers in Pathological Histology and Bacteriology: F. B. Mallory, M. D., and J. H. Wright, M. D. Eighth edition. W. B. Saunders Co., Philadelphia.

This manual, written by the authors who are respectively pathologists to the Boston City Hospital and the Massachusetts General Hospital, is an excellent guide that will aid and standardize the work of our laboratory workers. It will materially assist in improving the findings in our hospitals and go far in stimulating the study of pathological conditions found in hospital patients. It should be secured for every laboratory and hospital, superintendents may well pattern their laboratory work to conform to the principles and teachings of this manual.

MANUAL OF DISEASES OF THE EYE: C. H. May, M. D., New York. 11th edition. Wm. Wood & Co., New York. Price \$4.00.

A splendid manual on the subject for students and internes. It covers the essentials and guides one in preventing the committing of needless errors in diagnosis and treatment.